

EXHIBIT

32

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL)
PRESCRIPTION OPIATE)
LITIGATION)
This document relates to:) MDL No. 2804
Track Eight: Cobb County,) Case No. 17-md-2804
Georgia,)
Case No. 1:18-op-45817,) Judge Dan Aaron
COBB COUNTY,) Polster
Plaintiff,)
vs.)
PURDUE PHARMA, L.P., et)
al.,)
Defendants.)

IN RE: NATIONAL)
PRESCRIPTION OPIATE)
LITIGATION) MDL No. 2804
This document relates to:) Case No. 17-md-2804
Track Nine: Tarrant County,) Judge Dan Aaron
Texas,) Polster
Case No. 1:18-op-45274)

VIDEO RECORDED DEPOSITION OF CRAIG McCANN, PhD

Wednesday, May 15, 2024, 10:06 a.m.

Motley Rice
401 9th Street NW
Washington, DC

Reported By: Marjorie Peters, FAPR, RMR, CRR, RSA
Job Number: MW 6693023

<p>Page 2</p> <p>1 VIDEO RECORDED DEPOSITION OF CRAIG McCANN, PhD, 2 a witness herein, called by Publix and Albertsons, 3 as Track Eight and Track Nine Defendants for 4 examination, taken pursuant to the Federal Rules of 5 Civil Procedure, by and before Marjorie Peters, a 6 Registered Merit Reporter, Certified Realtime 7 Reporter and Notary Public in and for the District 8 of Columbia, at Motley Rice, 401 9th Street NW, 9 Washington, DC, on Wednesday, May 15, 2024, at 10 10:06 a.m. 11 12 13 14 15 16 17 18 19 20 21 22</p>	<p>Page 4</p> <p>1 A P P E A R A N C E S 2 ALSO PRESENT: 3 Emmanuel Pezoa, Legal Videographer 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</p>
<p>Page 3</p> <p>1 A P P E A R A N C E S 2 For CT8 and CT9 Plaintiffs: 3 Page Poerschke, Esquire (Appearing via videoconference) 4 LEVIN, PAPANTONIO, RAFFERTY, PROCTOR, BUCHANAN, 5 O'BRIEN, BARR & MOUGEY, P.A. 6 316 South Baylen St. Pensacola, FL 32502 7 ppoerschke@levinlaw.com (205) 401-2373 8 For the Plaintiff CT9 Tarrant County: 9 Evan M. Janush, Esquire THE LANIER LAW FIRM 10 535 Madison Ave New York, NY 10022 11 Evan.Janush@LanierLawFirm.com 212-421-2800 12 13 For the Defendant Albertsons: 14 Christopher Torres, Esquire GREENBERG TRAURIG, P.A. 15 101 East Kennedy Boulevard Tampa, FL 33602 16 torresch@gtlaw.com 813.318.5721 17 18 For the Defendant Publix: 19 William J. Leeder, Esquire Deanna Lee, Esquire 20 Barnes & Thornburg, LLP 171 Monroe Avenue NW 21 Suite 1000 Grand Rapids, MI 49503 22 William.leeder@btlaw.com 616-742-3979</p>	<p>Page 5</p> <p>1 I N D E X 2 EXAMINATION PAGE 3 CRAIG McCANN, PhD 4 By Mr. Torres 8 5 By Mr. Leeder 83 6 By Mr. Torres 152 7 Acknowledgment of Deponent 171 8 Certificate of Court Reporter 173 9 Errata Sheet 174 10 I N D E X O F E X H I B I T S 11 McCANN EXHIBIT PAGE 12 Exhibit 1 McCann Expert Report, 8 13 4.15.2024 14 Exhibit 2 McCann Invoice, 5.13.2024 8 15 Exhibit 3 McCann Expert Report, 90 16 1.24.2024 17 Exhibit 4 Appendix 8.3B Red-Flag 115 18 Analysis Summary on Publix 19 Dispensing Data 20 Exhibit 5 Appendix 6.11 Pharmacy 128 21 Ranking 22</p>

<p style="text-align: right;">Page 6</p> <p>1 INDEX OF EXHIBITS</p> <p>2 McCANN EXHIBIT PAGE</p> <p>3 Exhibit 6 Summary of Publix 130</p> <p>4 Dispensing Red-Flag</p> <p>5 Analysis, Cobb County, GA,</p> <p>6 Nonrecurrent</p> <p>7 Exhibit 7 Appendix 6.6 Distributor 138</p> <p>8 Report</p> <p>9 Exhibit 8 5.13.2024, McCann invoice, 149</p> <p>10 CT8</p> <p>11 Exhibit 9 Table 7 - Transactions in 160</p> <p>12 ARCOS Date - MME per</p> <p>13 Dosage Unit</p> <p>14 Exhibit 10 Table 13 - Transactions in 162</p> <p>15 Tarrant County - MME per</p> <p>16 Dosage Unit</p> <p>17 Exhibit 14 Tables 18-71 - Summary of 167</p> <p>18 McCann Algorithms - MME</p> <p>19 per Dosage Unit</p> <p>20</p> <p>21</p> <p>22</p>	<p style="text-align: right;">Page 8</p> <p>1 Lanier Law Firm.</p> <p>2 THE VIDEOGRAPHER: Will the court</p> <p>3 reporter please swear in the witness.</p> <p>4 CRAIG McCANN, PhD,</p> <p>5 having been called as a witness, was legally placed</p> <p>6 under oath, testified as follows:</p> <p>7 (McCann Exhibit 1, McCann Expert Report, 4.15.2024,</p> <p>8 was marked for identification.)</p> <p>9 EXAMINATION</p> <p>10 BY MR. TORRES:</p> <p>11 Q. Dr. McCann, I handed you Exhibit 1.</p> <p>12 Is that the expert report that you</p> <p>13 served in the Track 9 Tarrant County versus Purdue</p> <p>14 Pharma matter?</p> <p>15 A. Yes.</p> <p>16 (McCann Exhibit 2, McCann Invoice, 5.13.2024, was</p> <p>17 marked for identification.)</p> <p>18 Q. I've also handed you, sir, Exhibit 2,</p> <p>19 which is a summary of professional services</p> <p>20 rendered.</p> <p>21 Does this Exhibit 2 reflect the</p> <p>22 hours you and your team spent preparing the expert</p>
<p style="text-align: right;">Page 7</p> <p>1 PROCEEDINGS</p> <p>2 THE VIDEOGRAPHER: Good morning. We</p> <p>3 are going on the record at 10:06 a.m. on May 15,</p> <p>4 2024. This is the video-recorded deposition of</p> <p>5 Craig McCann taken in the matter of In Re: National</p> <p>6 Prescription Opiate Litigation filed in the US</p> <p>7 District Court, Northern District of Ohio, Eastern</p> <p>8 Division, Case Number 1:18-OP-45817.</p> <p>9 My name is Emmanuel Pezoa from the</p> <p>10 firm Veritext Legal Solutions. The court reporter</p> <p>11 is Marjorie Peters from the firm Veritext Legal</p> <p>12 Solutions.</p> <p>13 Will counsel please state their</p> <p>14 appearances and affiliations for the record.</p> <p>15 MR. TORRES: Christopher Torres</p> <p>16 representing Albertsons.</p> <p>17 MR. LEEDER: Bill Leeder and Deanna</p> <p>18 Lee representing Publix Super Markets.</p> <p>19 MS. POERSCHKE: Page Poerschke</p> <p>20 representing CT8 and CT9 Plaintiffs.</p> <p>21 MR. JANUSH: Evan Janush</p> <p>22 representing CT9 Tarrant County on behalf of the The</p>	<p style="text-align: right;">Page 9</p> <p>1 report marked as Exhibit 1?</p> <p>2 A. Yes, at least in the most narrow sense,</p> <p>3 yes.</p> <p>4 Q. What do you mean "in the most narrow</p> <p>5 sense"?</p> <p>6 A. Well, we have been working on the opioid</p> <p>7 matter now for almost six years, and so there's a</p> <p>8 lot of content in this expert report that is common</p> <p>9 to some of the prior expert reports that we created.</p> <p>10 And so the work that went into</p> <p>11 developing this expert report, as reflected on the</p> <p>12 invoice, is the incremental work. That's what I</p> <p>13 meant.</p> <p>14 Q. Understood. Thank you.</p> <p>15 Are these rates discounted, are</p> <p>16 these fees discounted at all?</p> <p>17 A. The only rate that is not a current rate</p> <p>18 is mine. Whenever we started this work six years</p> <p>19 ago, my rate was \$475 an hour, and that's continued</p> <p>20 to be the rate that we've charged for my time.</p> <p>21 My current time is a little bit more</p> <p>22 than that.</p>

<p style="text-align: right;">Page 10</p> <p>1 Q. Okay.</p> <p>2 Here, you've got ten hours with an</p> <p>3 amount of \$4,750. That's \$475 an hour.</p> <p>4 Should you have billed more to this</p> <p>5 matter?</p> <p>6 A. I don't think so. My current hourly</p> <p>7 rate is \$625 an hour, so that would be another</p> <p>8 \$1500, but because of the multiple clients that we</p> <p>9 had, we just agreed to keep my rate fixed over the</p> <p>10 term of the opioid work.</p> <p>11 Q. Thank you, sir.</p> <p>12 Dr. McCann, did you or your team</p> <p>13 coordinate with Carmen Catizone in connection with</p> <p>14 the preparation of your expert report?</p> <p>15 A. Yes. I didn't personally, but I believe</p> <p>16 people on my staff interacted, if not with</p> <p>17 Mr. Catizone directly, with lawyers handling</p> <p>18 Mr. Catizone. And we had worked with him on prior</p> <p>19 matters, and I'm not sure that there were any</p> <p>20 changes to what we had been asked to do in prior</p> <p>21 matters. To the extent there was, they were</p> <p>22 communicated through counsel to members of my staff,</p>	<p style="text-align: right;">Page 12</p> <p>1 A. There may be others that I'm not</p> <p>2 thinking about as I sit here, but primarily, it was</p> <p>3 the application of some rules he specified to the</p> <p>4 dispensing data, what we may call later in the</p> <p>5 report red flags on prescriptions. Those were</p> <p>6 specified by Mr. Catizone.</p> <p>7 Q. Okay.</p> <p>8 Have those rules to the dispensing</p> <p>9 data or red flags changed between that time and the</p> <p>10 report that you provided in CT9?</p> <p>11 MS. POERSCHKE: Object to the form.</p> <p>12 A. Well, I first interacted with</p> <p>13 Mr. Catizone four or five years ago, and there</p> <p>14 were -- there was at least one other pharmacy expert</p> <p>15 in some other MDL matter, and so I may be confusing</p> <p>16 a little bit the sequence of requests that we had</p> <p>17 for identifying prescriptions filled pursuant to</p> <p>18 particular rules that were specified by Mr. Catizone</p> <p>19 or others.</p> <p>20 But my recollection, without lining</p> <p>21 up the different expert reports that we filed in</p> <p>22 cases that Mr. Catizone was involved in, is that</p>
<p style="text-align: right;">Page 11</p> <p>1 at least that's my understanding.</p> <p>2 Q. Did you or your team rely on any facts,</p> <p>3 data, information or opinions from Mr. Catizone in</p> <p>4 connection with the preparation of your expert</p> <p>5 report?</p> <p>6 A. Not as I would interpret rely upon.</p> <p>7 What I mean by that is early on in</p> <p>8 the sequence of MDL cases, we interacted -- I</p> <p>9 personally interacted with Mr. Catizone a few times,</p> <p>10 and as a result of those interactions and the</p> <p>11 development of a couple of earlier expert reports,</p> <p>12 Mr. Catizone, through counsel, requested that we do</p> <p>13 some particular calculations, do some particular</p> <p>14 analysis of the data. And we did that then. We</p> <p>15 continued to do that in CT9.</p> <p>16 I don't think that's really relying</p> <p>17 upon his opinions, but we were asked to do some</p> <p>18 calculations that I understand would be helpful to</p> <p>19 him in forming his opinions, we certainly did that.</p> <p>20 Q. Thank you.</p> <p>21 What calculations were those that he</p> <p>22 asked you to perform?</p>	<p style="text-align: right;">Page 13</p> <p>1 there might have been one or two flagging rules that</p> <p>2 changed after the first couple of cases, and then</p> <p>3 more recently, there might have been one or two</p> <p>4 additional flagging rules that are variants on</p> <p>5 existing ones, ones that we had applied before.</p> <p>6 So I guess answer is yes, but I</p> <p>7 think the changes have been minimal.</p> <p>8 Q. Okay.</p> <p>9 Did you review Mr. Catizone's expert</p> <p>10 report served in the CT9 case?</p> <p>11 A. No.</p> <p>12 Q. Okay.</p> <p>13 Did you or your team coordinate with</p> <p>14 Katherine Keyes in connection with the preparation</p> <p>15 of your expert report?</p> <p>16 A. I didn't, and I'm not familiar with that</p> <p>17 name, so I don't know that my staff did, either.</p> <p>18 Q. Okay. Okay.</p> <p>19 You don't know Katherine Keyes?</p> <p>20 A. Correct.</p> <p>21 Q. Okay.</p> <p>22 A. I may have heard the name, but I'm not</p>

<p style="text-align: right;">Page 14</p> <p>1 placing it as I sit here.</p> <p>2 Q. Did you or your team coordinate with</p> <p>3 Lacey Keller in connection with the preparation of</p> <p>4 your expert report?</p> <p>5 A. Not to my knowledge. I didn't, and I'm</p> <p>6 not aware that my staff did.</p> <p>7 Q. Did you or your team coordinate with</p> <p>8 Anna Lembke in connection with the preparation of</p> <p>9 your expert report?</p> <p>10 A. Same answer. I'm familiar with the</p> <p>11 names, but I didn't interact with her, and I'm not</p> <p>12 aware that my staff did.</p> <p>13 The staff may have been asked to</p> <p>14 gather data or provide some analysis, either to</p> <p>15 Ms. Lembke or Ms. Keller, but I'm not aware of that.</p> <p>16 Our work on CT9 started</p> <p>17 two-and-a-half years ago, and I just -- I don't know</p> <p>18 whether our staff's interacted at any point in time</p> <p>19 with -- my staff interacted with either of those two</p> <p>20 individuals.</p> <p>21 Q. Is it your impression that information</p> <p>22 might have gone from you to Lacey Keller, or to</p>	<p style="text-align: right;">Page 16</p> <p>1 coordinate with anyone outside of SLCG Consulting in</p> <p>2 connection with the preparation of your expert</p> <p>3 report?</p> <p>4 A. Yes.</p> <p>5 Q. Who was that?</p> <p>6 A. There may be someone else, but the only</p> <p>7 people I can think of are people at Levin</p> <p>8 Papantonio, the law firm.</p> <p>9 Q. Mm-hmm. Mm-hmm.</p> <p>10 A. I'm not aware as I sit here that, again,</p> <p>11 focused on the incremental work that was done in the</p> <p>12 last two-and-a-half years to create the CT9 report,</p> <p>13 that we interacted with anybody outside of the firm</p> <p>14 other than the lawyers and their staff.</p> <p>15 Q. Were there any suggestions, requests or</p> <p>16 directions --</p> <p>17 A. I apologize.</p> <p>18 It was -- I said the Levin</p> <p>19 Papantonio firm. We certainly interacted with them,</p> <p>20 but we also interacted with the people from The</p> <p>21 Lanier Law Firm, and I don't know if there was</p> <p>22 anybody else, but it would be at least those two law</p>
<p style="text-align: right;">Page 15</p> <p>1 your -- from your consulting group to Lacey Keller</p> <p>2 or to Anna Lembke, but not the other way around?</p> <p>3 A. Correct.</p> <p>4 Q. Okay.</p> <p>5 Do you know what information your</p> <p>6 firm would have provided to Lacey Keller?</p> <p>7 A. No.</p> <p>8 Q. Do you know what information your firm</p> <p>9 would have provided to Anna Lembke?</p> <p>10 A. No.</p> <p>11 Q. If I wanted to find that out, how would</p> <p>12 I find that out?</p> <p>13 A. Well, I think you would ask them.</p> <p>14 Q. Who is "them"?</p> <p>15 A. Ms. Keller and Ms. Lembke.</p> <p>16 Q. Okay.</p> <p>17 I couldn't ask anyone in your</p> <p>18 office?</p> <p>19 A. I don't think so.</p> <p>20 Q. Okay.</p> <p>21 Outside of the Plaintiffs' experts</p> <p>22 that I just mentioned, did you or your team</p>	<p style="text-align: right;">Page 17</p> <p>1 firms.</p> <p>2 Q. Who were your contacts at Levin</p> <p>3 Papantonio?</p> <p>4 A. Well, Ms. Poerschke.</p> <p>5 Q. Mm-hmm.</p> <p>6 A. Peter Mougey. A coordinator there, Josh</p> <p>7 Gay.</p> <p>8 Perhaps a couple of other people</p> <p>9 that I'm not placing right now, but primarily, those</p> <p>10 three.</p> <p>11 Q. Who would you have coordinated with at</p> <p>12 The Lanier Law Firm?</p> <p>13 A. I'm not 100 percent sure because some of</p> <p>14 the interaction might have been related to a</p> <p>15 different case, but over the last two-and-a-half</p> <p>16 years, most of our interaction has been with a</p> <p>17 coordinator there whose first name is Sadie, and I</p> <p>18 apologize to Sadie, but I don't recall her last</p> <p>19 name.</p> <p>20 Q. Were there any suggestions, requests or</p> <p>21 directions provided to you by either Levin</p> <p>22 Papantonio or The Lanier Firm in connection with the</p>

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<p style="text-align: right;">Page 18</p> <p>1 preparation of your expert report?</p> <p>2 A. I'm sorry. Could you ask that again,</p> <p>3 please.</p> <p>4 Q. Were there any suggestions, requests or</p> <p>5 directions provided to you by anyone at Levin</p> <p>6 Papantonio or The Lanier Law Firm in connection with</p> <p>7 the preparation of your expert report in the CT9</p> <p>8 case?</p> <p>9 A. Almost certainly all three, suggestions,</p> <p>10 requests and directions, yes.</p> <p>11 Q. What were those?</p> <p>12 A. Well, for instance, we were talking</p> <p>13 about Mr. Catizone earlier, and so I don't believe</p> <p>14 that during the incremental work on CT9 that we</p> <p>15 interacted with Mr. Catizone directly. Perhaps -- I</p> <p>16 didn't personally. I don't think my office did. I</p> <p>17 think our interactions were through counsel.</p> <p>18 And so I would interpret those</p> <p>19 interactions as it relates at least to</p> <p>20 Mr. Catizone's request for red-flag implementations</p> <p>21 to be directions. Something as ministerial as when</p> <p>22 the reports were due, I would interpret as</p>	<p style="text-align: right;">Page 20</p> <p>1 A. Either the Levin Papantonio law firm or</p> <p>2 The Lanier Law Firm. I forget now who we -- I don't</p> <p>3 know now who we would have received that request</p> <p>4 from.</p> <p>5 Q. Are these the algorithms that you</p> <p>6 describe as Methods 1 through 7 in your report?</p> <p>7 A. Yes. We refer to those as SOMS,</p> <p>8 Suspicious Order Monitoring System reports.</p> <p>9 Q. Did you formulate those algorithms</p> <p>10 yourself, or were they provided to you to apply in</p> <p>11 this case?</p> <p>12 A. I apologize. Let me just amend</p> <p>13 slightly.</p> <p>14 I think of them internally as SOMs</p> <p>15 reports. We don't in the report anywhere refer to</p> <p>16 them as SOMs reports, but they're just rules much</p> <p>17 like the dispensing red-flag rules that we apply to</p> <p>18 data and report the results.</p> <p>19 But I'm sorry, to answer your</p> <p>20 question, they were provided to us long ago in CT1</p> <p>21 or CT2, certainly by the time we got to the second</p> <p>22 or third major opioid project by counsel.</p>
<p style="text-align: right;">Page 19</p> <p>1 directions.</p> <p>2 So requests, directions cover a lot</p> <p>3 of what was done. Directions, for instance, on who</p> <p>4 the remaining Defendants were as we got close to the</p> <p>5 expert report filing. We were first prepared to</p> <p>6 file an expert report over, I think, a year earlier,</p> <p>7 and it was a different set of Defendants, a larger</p> <p>8 set of Defendants.</p> <p>9 So, certainly, directions and --</p> <p>10 directions and requests. I don't recall any</p> <p>11 suggestions in the sense of wordsmithing or</p> <p>12 suggesting that we do something different than what</p> <p>13 we did, other than the kind of directions and</p> <p>14 requests that I have tried to provide examples of.</p> <p>15 Q. In report Paragraph 13, that's going to</p> <p>16 be page 5 of your report --</p> <p>17 A. Yes.</p> <p>18 Q. -- you write that you "...have been</p> <p>19 asked to report the results of applying certain</p> <p>20 algorithms to the ARCOS Data and Albertsons'</p> <p>21 Transactional Data."</p> <p>22 Who asked you to do that?</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. Okay.</p> <p>2 So you did not formulate the</p> <p>3 algorithms, they were -- the SOMs algorithms, they</p> <p>4 were provided to you by counsel; is that right?</p> <p>5 A. Correct. There might have been --</p> <p>6 UNIDENTIFIED SPEAKER: (Zoom audio</p> <p>7 interference.)</p> <p>8 Q. Let me ask the question --</p> <p>9 A. There might have -- I'm sorry. Go</p> <p>10 ahead.</p> <p>11 Q. Let me ask the question again.</p> <p>12 You did not formulate the SOMs</p> <p>13 algorithms, they were provided to you by counsel; is</p> <p>14 that right, sir?</p> <p>15 A. Well, they weren't birthed to us fully</p> <p>16 formed in the sense that there are limits imposed on</p> <p>17 any calculation you can do, including these</p> <p>18 calculations based on the data that's available.</p> <p>19 So there was, five years ago now,</p> <p>20 some discussion about what data was available from</p> <p>21 the ARCOS records, for example, the primary source</p> <p>22 of the calculations, and from discovery outside of</p>

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<p style="text-align: right;">Page 22</p> <p>1 ARCOS.</p> <p>2 And so interacting with some of the</p> <p>3 attorneys at the time, and what I have come to think</p> <p>4 of as the DEA experts, there was a set of rules</p> <p>5 developed, Methods 1 through 7 you mentioned a</p> <p>6 minute ago, and slight variations on those, that</p> <p>7 were passed on to us at the end of that iterative</p> <p>8 process as being rules that the DEA experts wanted</p> <p>9 us to implement.</p> <p>10 Q. But you did not formulate these</p> <p>11 algorithms based on any particular statistical</p> <p>12 analysis that you wanted to perform; is that fair?</p> <p>13 A. Right. Well, maybe another way of</p> <p>14 saying that is we weren't bringing any particular</p> <p>15 subject matter expertise. We were explaining to</p> <p>16 counsel what data was available, what could be done</p> <p>17 with the data. After learning what the general</p> <p>18 methods the DEA experts wanted to be implemented, I</p> <p>19 don't recall any specific adjustments that needed to</p> <p>20 be made to their requests for the data to be able to</p> <p>21 answer whatever requests there are -- they had, but</p> <p>22 I remember there was some back and forth as we</p>	<p style="text-align: right;">Page 24</p> <p>1 of applying certain red-flag algorithms to the</p> <p>2 Dispensing Data."</p> <p>3 Who asked you to do that?</p> <p>4 A. Well, same answer.</p> <p>5 Lawyers from the Levin Papantonio</p> <p>6 and The Lanier Law Firms.</p> <p>7 Q. These red-flag algorithms are the</p> <p>8 Red-Flag Computations 1 through 14 that you describe</p> <p>9 in your expert report; is that right?</p> <p>10 A. Correct.</p> <p>11 Q. Okay.</p> <p>12 You did not formulate those red-flag</p> <p>13 algorithms yourself; is that right?</p> <p>14 A. Correct. We discussed that already.</p> <p>15 These are the red flags that were proposed by</p> <p>16 Mr. Catizone.</p> <p>17 Q. On the next page, report Paragraph 20,</p> <p>18 and over Carryover, you write, "...Dispensers in</p> <p>19 Tarrant County received 1.05 billion Dosage Units or</p> <p>20 18.4 billion MME of opioids. Given the County's</p> <p>21 1,896,597 average population during this time --</p> <p>22 during this same time period, Dispensers received</p>
<p style="text-align: right;">Page 23</p> <p>1 mastered the data in the first year, and what could</p> <p>2 be done with it.</p> <p>3 So we didn't -- the only subject</p> <p>4 matter expertise we brought was to the data</p> <p>5 processing and to the statistical analysis. We</p> <p>6 didn't bring any pharmaceutical-specific or</p> <p>7 DEA-specific expertise.</p> <p>8 Q. I understand. Thank you.</p> <p>9 What reasons were you given for why</p> <p>10 you should use these SOMs algorithms Methods 1</p> <p>11 through 7 described in your report?</p> <p>12 A. Well, to the extent I was given reasons,</p> <p>13 it was really for context. So I understood a little</p> <p>14 bit about what we were doing. We weren't doing the</p> <p>15 calculations in a complete vacuum, but they weren't</p> <p>16 reasons necessary to justify the request to me other</p> <p>17 than the DEA experts requested these calculations,</p> <p>18 and the lawyers thought the Court would find them</p> <p>19 useful.</p> <p>20 Q. Okay.</p> <p>21 In report Paragraph 14, you write</p> <p>22 that you "...have been asked to report the results</p>	<p style="text-align: right;">Page 25</p> <p>1 enough opioids for every resident in Tarrant County</p> <p>2 to consume 40 Dosage Units or 693 MME every year</p> <p>3 from 2006 to 2019." (As read.)</p> <p>4 What analysis did you perform to</p> <p>5 assert that all of these dosage units were consumed?</p> <p>6 A. We didn't do any analysis other than to</p> <p>7 divide the total dosage units and total MME by the</p> <p>8 average population.</p> <p>9 Q. What analysis did you perform to suggest</p> <p>10 that all of these dosage units were consumed by</p> <p>11 Tarrant County residents?</p> <p>12 A. None.</p> <p>13 Q. In report Paragraph 21, you refer to in</p> <p>14 report Sections VII and VIII "...a nonexhaustive set</p> <p>15 of algorithms that can be systematically applied to</p> <p>16 the ARCOS Data."</p> <p>17 What are the purpose of the</p> <p>18 algorithms that you applied?</p> <p>19 A. Well, that may be for other expert</p> <p>20 witnesses or for lawyers arguing the results of the</p> <p>21 algorithms, you know, what purpose they would be put</p> <p>22 to, but those are the Methods 1 through 7 that we</p>

<p style="text-align: right;">Page 26</p> <p>1 talked about earlier, primarily.</p> <p>2 I have some sense of the purpose of</p> <p>3 them, but that's really context. It's not expert</p> <p>4 opinion.</p> <p>5 Q. What is that sense?</p> <p>6 A. Well, the context I have for those</p> <p>7 calculations is that they provide information on</p> <p>8 shipments from dispenser -- from distributors,</p> <p>9 primarily, to dispensers that might have been</p> <p>10 identified and investigated further, might have</p> <p>11 raised a red flag.</p> <p>12 Now, there's at least seven methods</p> <p>13 that we implement, and there's a couple of</p> <p>14 variations on each, and then there's a couple more</p> <p>15 that we added at some point. So, in total, there's</p> <p>16 16, 18, 20 different ones.</p> <p>17 And the reason there are so many</p> <p>18 different ones is that some courts might find the</p> <p>19 results of one more illuminating than others. Or a</p> <p>20 particular witness that would be interpreting these</p> <p>21 results, a DEA expert, might have a preference for</p> <p>22 one versus another algorithm in developing an</p>	<p style="text-align: right;">Page 28</p> <p>1 And so my role is to assist with</p> <p>2 that arithmetic, to apply fairly simple formulas to</p> <p>3 a lot of data, and report the results to the best of</p> <p>4 my ability. That's what I was trying to accomplish.</p> <p>5 Q. What did you conclude, if anything, from</p> <p>6 the application of SOMs algorithms Methods 1</p> <p>7 through 7?</p> <p>8 A. Well, I personally, or as an expert</p> <p>9 witness, don't have any qualitative conclusions</p> <p>10 about that data. I have -- or those calculations.</p> <p>11 I have a lot of quantitative conclusions that are</p> <p>12 embodied in the tables and graphs in the body of the</p> <p>13 text and in the appendices.</p> <p>14 Q. What other SOMs algorithms exist that</p> <p>15 you did not apply to the ARCOS data?</p> <p>16 A. I have no idea.</p> <p>17 Q. Okay. Only because you refer to this as</p> <p>18 a nonexhaustive set of algorithms.</p> <p>19 A. Well, as I mentioned, when I was before</p> <p>20 Judge Breyer, he suggested that instead of looking</p> <p>21 at a monthly -- cumulative monthly shipments to a</p> <p>22 pharmacy starting from the beginning of the month,</p>
<p style="text-align: right;">Page 27</p> <p>1 opinion about whether there were many shipments that</p> <p>2 should have been investigated, and weren't. So</p> <p>3 that's my understanding of the context.</p> <p>4 My experience with them includes,</p> <p>5 well, in CT4, testifying before Judge Breyer out in</p> <p>6 San Francisco, where he suggested a variation on one</p> <p>7 that we hadn't implemented, and we subsequently</p> <p>8 implemented it.</p> <p>9 So, again, it's providing a range of</p> <p>10 information to the DEA expert and ultimately to the</p> <p>11 Court in the hopes -- I'm not doing any of this</p> <p>12 because I think it's futile, because I think it's</p> <p>13 hopeless, that there's no value to it, although I</p> <p>14 might in some circumstance, but I think all of these</p> <p>15 have some information and potentially have some</p> <p>16 value to the Court.</p> <p>17 Q. What were you trying to accomplish with</p> <p>18 SOMs algorithms Methods 1 through 7, statistically?</p> <p>19 A. It's a lot of data, but ultimately, it's</p> <p>20 just counting. It's just counting. It's arithmetic</p> <p>21 on a lot of data, arithmetic that the Court itself</p> <p>22 couldn't do.</p>	<p style="text-align: right;">Page 29</p> <p>1 he pointed out rightly that that creates kind of an</p> <p>2 artificial re-setting of the clock, of the counter</p> <p>3 on the first day of the month every month, and he</p> <p>4 was more interested in a trailing 30 days' shipments</p> <p>5 to a pharmacy, and the comparison of that to the</p> <p>6 maximum six-month monthly shipments over the</p> <p>7 trailing six months.</p> <p>8 So that's an example where right</p> <p>9 before he suggested it, I hadn't thought of it, and</p> <p>10 no one had suggested it to me. So that whatever we</p> <p>11 were doing right before that suggestion was</p> <p>12 nonexhaustive, he had a better idea, in my view.</p> <p>13 And I'm not -- I have no reason to</p> <p>14 think that the 18 or 20 different calculations that</p> <p>15 we implement here couldn't be improved upon by</p> <p>16 someone else's suggestion.</p> <p>17 Q. Were there any other SOMs algorithms</p> <p>18 that were developed that you did not apply in your</p> <p>19 expert report?</p> <p>20 A. Not that I recall being suggested to me.</p> <p>21 Q. In report Paragraph 23, you refer to</p> <p>22 report Section X for "...a nonexhaustive set of</p>

<p style="text-align: right;">Page 30</p> <p>1 certain 'flagging' algorithms that can be 2 systematically applied to the Dispensing Data..." 3 (As read.) 4 What are the purpose of these 5 algorithms? 6 A. Again, I think it's to support other 7 testifying experts, and as I understand it, the 8 results will be used by someone else, perhaps 9 Mr. Catizone, perhaps someone else. And also be 10 used, perhaps, in argument by attorneys. 11 I don't have any opinion that 12 follows up from just the quantitative results. 13 Q. What did you conclude from the 14 application of those red-flag algorithms, if 15 anything? 16 A. Well, similar to our kind of pseudo SOMs 17 algorithms applied to the ARCOS data, I don't have 18 any opinions on the dispensing red flags beyond the 19 quantitative results that are embodied in the tables 20 and charts in the report and in the appendices. 21 Q. In report Paragraph 27, you write that 22 you "...continue to review documents and gather</p>	<p style="text-align: right;">Page 32</p> <p>1 opioid shipments or dispensed opioid prescriptions 2 by MME. 3 So, early on, at the very beginning, 4 really, of our work, five years ago -- over five 5 years ago, six years ago, almost, now, I think, we 6 added to the ARCOS data that was eventually -- that 7 was distributed to the MDL and to the States, and 8 then eventually just publicly on our website, a 9 column for MMEs in each ARCOS record. 10 Q. Is that the end of your answer? 11 A. I apologize for how long that was. 12 Yes, if you -- 13 Q. That's okay. 14 A. I think you asked me what the purpose 15 was, and I could have stopped with just saying, you 16 know, counsel told us that that was interesting to 17 them, and it wasn't in the ARCOS data, so we created 18 it. 19 Q. Okay. 20 I'm only asking because we speak in 21 the same manner. We pause probably when we 22 shouldn't.</p>
<p style="text-align: right;">Page 31</p> <p>1 information..." 2 What documents are you reviewing? 3 A. I'm not aware of any of the documents 4 that I've reviewed since the filing of this expert 5 report. 6 Q. What information are you gathering? 7 A. I'm not aware of any information that I 8 have gathered since the filing of this report. 9 Q. In report Paragraph 57, and that's on 10 page 18, sir -- 11 A. Yes. 12 Q. -- you write that you supplemented the 13 ARCOS data with drug product potency information 14 from CDC's morphine milligram equivalents, MME, 15 conversion table. 16 How did that supplementation assist 17 in your analysis? 18 A. Well, the ARCOS data doesn't have MMEs, 19 and some of the experts wanted information across 20 opioid drugs standardized by MME. 21 I also understand that the attorneys 22 found it useful to have some standardized measure of</p>	<p style="text-align: right;">Page 33</p> <p>1 A. Yes. I sometimes have to say that was a 2 pause, not a period. 3 Q. Okay. 4 Can you explain why drug potency is 5 important to your analysis? 6 A. No. 7 Q. Can you explain why MME is important to 8 your analysis? 9 A. No. 10 Q. Does it matter in your analysis whether 11 one drug is more potent than another? 12 A. I'm sorry. I say "no" to all of those 13 questions because I'm not claiming any subject 14 matter expertise. Someone else, and maybe 15 ultimately the Court, may well care about drug 16 potency, oxycodone versus hydrocodone, or fentanyl 17 versus buprenorphine. 18 And so I can understand why having 19 some aggregate measure of the amount of opioids that 20 was shipped to a particular pharmacy would be 21 relevant. I understand that has context, sort of, 22 but it's not part of my expert opinion. My expert</p>

<p style="text-align: right;">Page 34</p> <p>1 opinion is just doing the calculations, and 2 reporting the results.</p> <p>3 Q. Do you know which Plaintiffs' experts in 4 the CT9 case are relying on drug product potency or 5 MME?</p> <p>6 A. No. I'm not aware of who the other 7 experts in the CT9 case are, other than I understand 8 that Mr. Catizone is in the case.</p> <p>9 Q. In report Paragraph 64 on page 20, the 10 second bullet, you write, "Duplicate transactions 11 were identified and removed if 90 percent or more of 12 a Reporter's transactions in a calendar month 13 appeared more than once."</p> <p>14 How was that 90 percent figure 15 arrived at?</p> <p>16 A. Well, it was developed early on in the 17 first six months that we had the data, because there 18 were obvious errors in the data. They didn't amount 19 to an enormous percentage of the entire data. The 20 ARCOS data we got was 450 million records, and there 21 were some errors. This is one example.</p> <p>22 And we did our best to -- you know,</p>	<p style="text-align: right;">Page 36</p> <p>1 Now, it does get to be a little bit 2 subjective. That accounted for most of what we 3 thought were duplicates. But of the 450 million, 4 there might have been 45 instances, I don't know, 5 where you had a couple of transactions that appeared 6 to be duplicated coming out of a facility to a 7 dispenser.</p> <p>8 Now, were those really duplicates 9 where someone had a fat finger, or were they clearly 10 situations where -- or were they more likely 11 situations where just a second order was submitted 12 that was identical. And there's no way 12, 15 years 13 after the fact for us to know which of those is the 14 case.</p> <p>15 But it turned out that those were 16 very rare, and when we saw something that looked 17 like duplicates, it wasn't that -- like the Cardinal 18 Health example, it wasn't that 10 percent of the 19 transactions showed up 30 times or three times, it 20 was that all the transactions for the month showed 21 up three times.</p> <p>22 And so the 90 percent was a cutoff</p>
<p style="text-align: right;">Page 35</p> <p>1 using programming, to identify the errors we -- were 2 a bunch of different things that we dealt with, but 3 one of them was these duplicates. And a good 4 example, I think, might be there was a distribution 5 center, I think a Cardinal Health distribution 6 center, that for a couple of months, someone 7 entering data had a fat finger or something, and 8 every order was in 13 times, or was in a multiple 13 9 times. Some of them 13 times, some of them 26 10 times, some of them 39 times. I don't know how that 11 happened, but you could see in the data this one 12 particular facility, just for a month or two, an 13 enormous spike in shipments.</p> <p>14 Q. All right.</p> <p>15 A. And so that was, to us, an -- and then 16 after that spike, after these duplicates are not in 17 the ARCOS data, that distribution facility's 18 shipments end up looking the same as they looked 19 before the spike.</p> <p>20 So with that type of situation, 21 we -- those were obvious duplicates, we just 22 eliminated all but one.</p>	<p style="text-align: right;">Page 37</p> <p>1 we used so that we weren't excluding transactions 2 that really were shipments that occurred more than 3 once, but look identical.</p> <p>4 Q. Okay.</p> <p>5 So what did you do to assess the 6 appropriateness of applying that 90 percent figure?</p> <p>7 A. I forget now the details of that beyond 8 what I described, which is looking at the data, 9 figuring out where the bulk of what we thought were 10 duplicates were found, and like I said, in most of 11 those cases, it was almost all of the transactions 12 in the month that were duplicated.</p> <p>13 Q. Was there any statistical testing that 14 you performed to assess the appropriateness of 15 applying that 90 percent figure?</p> <p>16 A. I don't recall. We were down to really 17 a very tiny number of transactions that we left in 18 the data. There's -- you have to have some caution, 19 I think, when you take data out. You know, the data 20 comes from the Government as reflecting transactions 21 that would shift as reported by the registrants. I 22 think that there's some deference that has to be</p>

<p style="text-align: right;">Page 38</p> <p>1 given to that data, and you should only take out 2 data that was clearly erroneous. That's what we 3 tried to do.</p> <p>4 I don't recall -- there certainly 5 was some analysis of how frequent these different 6 types of occurrences were. I don't recall exactly 7 what that analysis was as I sit here.</p> <p>8 Q. Pages 27 through 31 of your report -- 9 A. Yes.</p> <p>10 Q. -- can you confirm that Tables 6 11 through 10 reflect ARCOS data for the whole United 12 States, not including territories.</p> <p>13 A. I might have to go back to an earlier 14 table to confirm a number on Table 6 is found in an 15 earlier table.</p> <p>16 Q. What table is that, that you're looking 17 for?</p> <p>18 A. I'm actually just flipping back to find 19 the earlier tables.</p> <p>20 So the tables look like they start 21 on -- well, I'd have to go back a little bit 22 further.</p>	<p style="text-align: right;">Page 40</p> <p>1 don't -- if you look at Table 9 -- 2 A. Yes.</p> <p>3 Q. -- and I'm just comparing dosage units 4 in Table 9 with dosage units in Table 6, in Table 7 5 and in Table 8, which are all the same, and all I 6 see are the 50 US States in Table 9.</p> <p>7 A. And the District of Columbia and I think 8 Puerto Rico is in here, but I'm not finding it as I 9 scan.</p> <p>10 Q. Okay. It's nothing personal to me. 11 A. Well, I have a very soft spot for Puerto 12 Rico, but I don't see it here.</p> <p>13 Q. Okay.</p> <p>14 In Table 6 through 10, you included 15 both dosage unit and MME.</p> <p>16 Why did you include both of those 17 units of measurement?</p> <p>18 A. Because we were asked to.</p> <p>19 Q. In report Table 7 on page 28 -- 20 A. I'm sorry. Let me -- I don't recall 21 specifically being asked to put MME in Table 6 and 22 9, we may well have been, but we had been asked to</p>
<p style="text-align: right;">Page 39</p> <p>1 I'm sorry. Could you ask me the 2 question again, please.</p> <p>3 Q. Certainly.</p> <p>4 Can you confirm that Tables 6 5 through 10 reflect ARCOS data for the whole United 6 States, not including territories.</p> <p>7 A. I believe that's correct. It's not all 8 ARCOS data for every -- all US but the territories 9 because there were some exclusions that got us -- 10 besides the corrections that we talked about a few 11 minutes ago, that got us to Table 6.</p> <p>12 In earlier expert reports, we had 13 another table that broke out the shipments to and 14 from based on buyer business activity. That's the 15 table I was looking for to contrast the numbers, but 16 I don't see that table here.</p> <p>17 But it's only ARCOS transactions to 18 dispensers. We say that in a paragraph that leads 19 into this Table 6. But I do believe it's all 20 States, and Puerto Rico, and the District of 21 Columbia.</p> <p>22 Q. The reason that I'm asking -- because I</p>	<p style="text-align: right;">Page 41</p> <p>1 add the MME values to the ARCOS data, and then we 2 were just trying to summarize the ARCOS data in as 3 much detail as we could, in the columns that would 4 fit on one page, and we included MME.</p> <p>5 I think I would have included it 6 whether we were asked or not, but I imagine we were 7 asked, I just don't recall.</p> <p>8 Q. In report Table 7, can you explain the 9 buyer business activity for compound/maint, 10 M-A-I-N-T?</p> <p>11 A. No.</p> <p>12 Q. Can you explain the buyer business 13 activity for compound/maint/detox?</p> <p>14 A. No.</p> <p>15 Q. Can you explain the buyer business 16 activity for maint and detox?</p> <p>17 A. No.</p> <p>18 Q. Can you explain the buyer business 19 activity for maintenance?</p> <p>20 A. No.</p> <p>21 Q. Can you explain the buyer business 22 activity for practitioner-DW/275?</p>

<p style="text-align: right;">Page 42</p> <p>1 A. No.</p> <p>2 Q. Can you explain the buyer business</p> <p>3 activity for practitioner-DW/100?</p> <p>4 A. No.</p> <p>5 Q. Can you explain the buyer business</p> <p>6 activity for practitioner-DW/30?</p> <p>7 A. No.</p> <p>8 Q. Can you explain what the differences are</p> <p>9 between the pharmacy types, chain pharmacy, retail</p> <p>10 pharmacy, M/O pharmacy, pharmacy-Fed and central</p> <p>11 fill pharmacy?</p> <p>12 A. No.</p> <p>13 On all of these I answer no, I don't</p> <p>14 have any subject matter expertise on how the</p> <p>15 registrants are identified in the ARCOS data.</p> <p>16 That's just a data field, the buyer business</p> <p>17 activity in the ARCOS data, and we've subtotaled</p> <p>18 these values in the records by those buyer business</p> <p>19 activities.</p> <p>20 I can't tell you how the DEA assigns</p> <p>21 these buyer business activities to one registrant</p> <p>22 versus another, or whether, in fact, the DEA assigns</p>	<p style="text-align: right;">Page 44</p> <p>1 high-potency drugs versus some low-potency drugs, if</p> <p>2 you were just counting dosage units. Both may be</p> <p>3 relevant, and so we provide both of them, but again,</p> <p>4 I'm not a subject matter expert, that's just my</p> <p>5 understanding of the context for including both.</p> <p>6 Q. In Table 15 on page 36 --</p> <p>7 A. Yes.</p> <p>8 Q. -- you only use MME.</p> <p>9 Why is that?</p> <p>10 A. Well, because it's a summary of some</p> <p>11 much more voluminous exhibit that you would find in</p> <p>12 the appendices somewhere that would break out these</p> <p>13 different labelers by dosage units. The difficulty</p> <p>14 with doing that, if you think about the prior table</p> <p>15 that we just looked at, you have to list all of the</p> <p>16 drugs that the labeler labels, and the dosage units</p> <p>17 for each of those drugs. At least that's how I</p> <p>18 would go about creating this table, if I wanted to</p> <p>19 include dosage units, I think. And so you would end</p> <p>20 up with a table that would run on for three or four</p> <p>21 pages.</p> <p>22 But that data, for instance, the</p>
<p style="text-align: right;">Page 43</p> <p>1 the buyer business activity, or the registrant</p> <p>2 claims the buyer business activity.</p> <p>3 I'm just summarizing the data as we</p> <p>4 find it.</p> <p>5 Q. Okay.</p> <p>6 On pages 32 through 38 of your</p> <p>7 report --</p> <p>8 A. Yes.</p> <p>9 Q. -- can you confirm that Tables 11</p> <p>10 through 17 reflect ARCOS data for Tarrant County,</p> <p>11 Texas?</p> <p>12 A. Yes.</p> <p>13 Q. In Tables 11 through 14, you, again, use</p> <p>14 dosage units and MME.</p> <p>15 Can you explain why you included</p> <p>16 both of those unit measurements for those analyses.</p> <p>17 A. Well, as with the other tables, because</p> <p>18 I understood that MME was a useful common</p> <p>19 denominator for assessing the amount of opioids that</p> <p>20 were shipped in to a locale, if you took those</p> <p>21 columns off and just left dosage units, you might</p> <p>22 not appreciate the relative importance of some</p>	<p style="text-align: right;">Page 45</p> <p>1 dosage units of each drug that SpecGx or Actavis</p> <p>2 labeled, is in some more voluminous exhibit in the</p> <p>3 appendices, but for summary purposes, I think this</p> <p>4 is the way it should be presented.</p> <p>5 Q. Okay.</p> <p>6 You intuited my next question.</p> <p>7 Where would one find the dosage unit</p> <p>8 data for Table 15 in your appendices?</p> <p>9 A. Oh, I don't know. There's over 20,000</p> <p>10 pages of appendices. We'd have to open them up and</p> <p>11 look through the -- at least through the table of</p> <p>12 contents for the various appendices, and -- it would</p> <p>13 be, certainly, I think, easy to find.</p> <p>14 There's something called labeler</p> <p>15 reports, and I believe that's where you would find</p> <p>16 it, in the labeler reports.</p> <p>17 Q. But you believe that data should be in</p> <p>18 your appendices; is that right?</p> <p>19 A. Yes.</p> <p>20 Q. Okay.</p> <p>21 A. It's certainly -- yes.</p> <p>22 Well, we know it is. I apologize</p>

<p style="text-align: right;">Page 46</p> <p>1 for going on. But SpecGx's MME is built up from a 2 set of ARCOS transaction records that include dosage 3 units and MME. And for purposes of this table, we 4 just subtotaled the MME, but that detailed data is 5 in the appendices and in the data that we provided 6 to you.</p> <p>7 Q. Okay.</p> <p>8 In Tables 16 and 17, you only used 9 dosage units. Why is that?</p> <p>10 A. I don't know. I don't know why in this 11 particular table, it's dosage units and not MME. 12 There are other tables where we have these 13 distributors by MME. Why we chose this particular 14 format for Table 16, the summary table in the 15 report, I don't recall as I sit here.</p> <p>16 Q. Do you know or recall whether the 17 percentages in Table 16 were ever calculated by you 18 or your team in MMEs instead of dosage units?</p> <p>19 A. It was almost definitely. Again, in the 20 appendices, you would find what we call distributor 21 reports.</p> <p>22 There are labeler reports,</p>	<p style="text-align: right;">Page 48</p> <p>1 A. Yes.</p> <p>2 I understand that, again, just 3 context, that I have for submitting this report, not 4 expert opinion, I -- but I have this understanding 5 that there's something referred to as Suspicious 6 Order Monitoring Systems required of distributors of 7 controlled substances, and they may vary from 8 distributor to distributor, or also to include 9 manufacturers, manufacturer to manufacturer.</p> <p>10 But the ones that I observed, and it 11 may just be a couple that I observed early on from 12 the discovery, required information that wasn't 13 produced in discovery. It wasn't available in ARCOS 14 or produced in discovery, and so this goes back to 15 what we were talking about earlier where there's 16 some interaction between the request that a subject 17 matter expert might have and what data is available.</p> <p>18 So if you're asked to implement a 19 SOMS system, and there's some evidence in the record 20 about a SOMS system, it might be a very complicated 21 system involving a lot of real-time data that's not 22 available in discovery.</p>
<p style="text-align: right;">Page 47</p> <p>1 distributor reports and pharmacy reports. And so 2 there would be something called a distributor 3 report. And that distributor report goes on for 4 hundreds and hundreds of pages. And in there, there 5 would be, I'm pretty confident, an MME table, with 6 the percentage allocations.</p> <p>7 Q. Okay.</p> <p>8 Would the calculated base weight in 9 grams for Tables 16 and 17 also be in your report 10 appendices?</p> <p>11 A. I believe so. We have some tables in 12 the appendices that, in the title, will say what's 13 being reported, dosage units, calculated base weight 14 in grams, and MME. So, oftentimes, you'll will see 15 that trio across different information, each one 16 represented by a separate exhibit, sometimes 17 combined on the same exhibit.</p> <p>18 Q. Turning the page to page 38 of your 19 report, sir, Section VII.</p> <p>20 Can you explain what you mean by the 21 Suspicious Order Monitoring System referenced in 22 this Part 7 of your report.</p>	<p style="text-align: right;">Page 49</p> <p>1 And so some interaction, what was 2 produced in discovery, what can you create as a -- 3 I'll call it a stylized SOMS. I'm not saying that 4 any one of these methods would be what would be 5 implemented as a SOMS system, but to give you some 6 idea of an approximation of a SOMS system, that's 7 the context I have, not expressing that as a subject 8 matter expert. That's the context I had for 9 implementing these, turns out, 18 or 20 different 10 variants on a calculation that I understand the 11 lawyers might use in argument or the experts, 12 subject matter experts might use in developing their 13 expert opinion.</p> <p>14 Yes.</p> <p>15 Q. In report Paragraphs 95 through 112, you 16 describe the various algorithms that you computed in 17 your expert report.</p> <p>18 A. Yes.</p> <p>19 Q. In what system did you run these 20 algorithms?</p> <p>21 A. Now, I'm forgetting whether we used 22 statistical software called R, capital R --</p>

<p style="text-align: right;">Page 50</p> <p>1 Q. Mm-hmm.</p> <p>2 A. -- or we have done some work recently in</p> <p>3 Python.</p> <p>4 I think in R -- I think all the code</p> <p>5 we produced was R. It could have been done with</p> <p>6 Python or even programmed in Excel, but I think R</p> <p>7 was the primary source code.</p> <p>8 Q. Do you know if the R data or Python data</p> <p>9 were produced with the supporting materials in this</p> <p>10 case?</p> <p>11 A. Yes. I believe it was. We have</p> <p>12 produced the code, and the raw data, and the data</p> <p>13 that gets produced by running the code, I think, in</p> <p>14 every case.</p> <p>15 Q. Okay.</p> <p>16 Were these SOMS algorithms,</p> <p>17 Methods 1 through 7 described at Paragraphs 95</p> <p>18 through 112 of your report, intended to detect</p> <p>19 suspicious transactions?</p> <p>20 MS. POERSCHKE: Object to the form.</p> <p>21 A. Not by me. I told you what the purpose</p> <p>22 was from my perspective.</p>	<p style="text-align: right;">Page 52</p> <p>1 a calculation like this. It's -- if I were to</p> <p>2 report to you how many coins I have in my pocket,</p> <p>3 there's no statistical analysis. It's a numerical</p> <p>4 statement of how many coins are in my pocket.</p> <p>5 Similarly here, there's a criterion</p> <p>6 that is applied to the data, analogous to count the</p> <p>7 coins that are in my pocket, and I report the</p> <p>8 results. There's no confidence interval or margin</p> <p>9 of error or statistical analysis. It's a numerical,</p> <p>10 arithmetic counting exercise of all of the</p> <p>11 populations.</p> <p>12 Statistical analysis applies to</p> <p>13 situations where you're looking at a sample of data.</p> <p>14 Here, we're looking at all of the data. There is no</p> <p>15 statistical analysis from my perspective.</p> <p>16 Q. Are there any scientific, statistical or</p> <p>17 other technical literature that support your use of</p> <p>18 Method 1?</p> <p>19 A. Well, it's really 5th grade algebra.</p> <p>20 It's -- there's no statistical analysis that could</p> <p>21 be applied to the results of applying Method 1, and</p> <p>22 Method 1 is implementing some subject matter</p>
<p style="text-align: right;">Page 51</p> <p>1 Q. Did you ever try to define a suspicious</p> <p>2 transaction?</p> <p>3 A. No.</p> <p>4 Q. Do you know how a suspicious transaction</p> <p>5 between a distributor and a dispenser tells anyone</p> <p>6 anything about an illicit use by a patient?</p> <p>7 A. No.</p> <p>8 MS. POERSCHKE: Object to the form.</p> <p>9 Q. I want to ask you about Method 1,</p> <p>10 trailing six-month maximum monthly threshold.</p> <p>11 Do you know how Method 1 was</p> <p>12 developed?</p> <p>13 A. Not beyond what I've already described</p> <p>14 to you about the development of all of the methods</p> <p>15 in general. That explanation would apply to each of</p> <p>16 them individually, I think.</p> <p>17 Q. Was there a hypothesis that you were</p> <p>18 testing with Method 1?</p> <p>19 A. No.</p> <p>20 Q. Was there some statistical basis or</p> <p>21 rationale for your use of Method 1?</p> <p>22 A. There's no application of statistics to</p>	<p style="text-align: right;">Page 53</p> <p>1 expertise developed by other expert witnesses.</p> <p>2 So there is some basis for the</p> <p>3 calculations in that expert opinion or argument that</p> <p>4 counsel may want to make, but there's no statistical</p> <p>5 analysis.</p> <p>6 I may not be clear about that, but</p> <p>7 what I mean by that is if we only had 10 percent of</p> <p>8 the Albertsons shipment, then we might want to draw</p> <p>9 some statistical inference from that 10 percent we</p> <p>10 have to the 100 percent, the universe of Albertsons</p> <p>11 shipments, but that's not our situation here. We</p> <p>12 have 100 percent of Albertsons shipments.</p> <p>13 So there's no statistical inference.</p> <p>14 It's just reporting a number.</p> <p>15 Q. What I'm asking is whether you are aware</p> <p>16 of any literature that supports your use of</p> <p>17 Method 1.</p> <p>18 A. No.</p> <p>19 Q. Did you rely on any assumptions when</p> <p>20 applying Method 1?</p> <p>21 A. I don't think of them as assumptions.</p> <p>22 They're instructions or rules, a recipe, if you</p>

<p style="text-align: right;">Page 54</p> <p>1 will, a set of steps that we implemented.</p> <p>2 And I don't think of those as</p> <p>3 assumptions, although you could frame the analysis</p> <p>4 in terms of assumptions. I don't think of any of it</p> <p>5 as -- any of these methods as involving assumptions.</p> <p>6 They're just implementing a recipe, a set of rules</p> <p>7 to the data.</p> <p>8 Q. Did you perform any test or measures to</p> <p>9 validate the effectiveness of Method 1?</p> <p>10 A. No.</p> <p>11 Q. Did you make any effort to measure the</p> <p>12 effectiveness of Method 1 to detect true suspicious</p> <p>13 transactions?</p> <p>14 A. No. I think that question and the prior</p> <p>15 one really is for a subject matter expert. The</p> <p>16 calculations that we did, the counting, if you will,</p> <p>17 the applying the rules is arithmetic. There's no</p> <p>18 test that can be applied to that arithmetic, other</p> <p>19 than, did you do the arithmetic correctly, 2 plus 2</p> <p>20 and getting 4.</p> <p>21 But the applicability of these</p> <p>22 rules, these methods, to detecting suspicious orders</p>	<p style="text-align: right;">Page 56</p> <p>1 Q. You're not aware of any scientific,</p> <p>2 statistical or other technical literature that</p> <p>3 supports the use of Method 2; is that right?</p> <p>4 A. Right.</p> <p>5 As I said with Method 1, the</p> <p>6 arithmetic is at a really very low level, applied to</p> <p>7 a lot of data.</p> <p>8 The effectiveness, the applicability</p> <p>9 of the rule is really for a subject matter expert.</p> <p>10 Q. Okay.</p> <p>11 You did not perform any test or</p> <p>12 measures to validate the effectiveness of Method 2;</p> <p>13 is that right?</p> <p>14 A. Correct.</p> <p>15 Q. How do the measures -- how -- and you</p> <p>16 did not measure, excuse me, the effectiveness of</p> <p>17 Method 2 in any way to detect true suspicious</p> <p>18 transactions; is that right?</p> <p>19 A. Yes.</p> <p>20 Q. You did not apply any measures for</p> <p>21 comparing the effectiveness of Method 2 against any</p> <p>22 of the other SOMS methods you applied; is that</p>
<p style="text-align: right;">Page 55</p> <p>1 is for the subject matter expert, I believe.</p> <p>2 Q. Did you apply any measures to compare</p> <p>3 the effectiveness of Method 1 against the other SOMS</p> <p>4 methods you applied?</p> <p>5 A. No.</p> <p>6 Q. How was Method 2, trailing six-month</p> <p>7 maximum monthly fixed after first trigger threshold,</p> <p>8 developed?</p> <p>9 A. Well, like Method 1, it was suggested to</p> <p>10 us by counsel, I believe, as a result of</p> <p>11 interactions with DEA expert or experts, and with</p> <p>12 some perhaps slight iterative discussion of what</p> <p>13 data was available, but primarily, as with Method 1,</p> <p>14 as a result of discussions with counsel.</p> <p>15 Q. There was no hypothesis you were</p> <p>16 Method -- you were testing with Method 2; is that</p> <p>17 right?</p> <p>18 A. Right. Could not be.</p> <p>19 Q. Okay.</p> <p>20 There was no statistical basis or</p> <p>21 rationale for your use of Method 2; is that right?</p> <p>22 A. Correct. There could not be.</p>	<p style="text-align: right;">Page 57</p> <p>1 right?</p> <p>2 A. Yes.</p> <p>3 Q. Regarding Method 7, trailing six-month</p> <p>4 maximum monthly threshold on rolling 30-day dosage</p> <p>5 units, that method was also provided to you by</p> <p>6 counsel; is that right?</p> <p>7 A. No. I would say that one was provided</p> <p>8 by Judge Breyer out in San Francisco. That was the</p> <p>9 one where I'm on the witness stand, I'm explaining</p> <p>10 what we did, and he said, well, you know, this</p> <p>11 alternative, this minor change to what you did,</p> <p>12 would be more informative.</p> <p>13 So I think that was his suggestion.</p> <p>14 Q. Okay.</p> <p>15 Is that the only one that was</p> <p>16 suggested by the Judge?</p> <p>17 A. Yes, I think so. It's the only one that</p> <p>18 I recall, and it's the only one that we added after</p> <p>19 I testified in CT4.</p> <p>20 Q. Okay.</p> <p>21 There was no hypothesis that was</p> <p>22 being tested with Method 7; is that right?</p>

<p style="text-align: right;">Page 58</p> <p>1 A. Not by me.</p> <p>2 Q. There was no statistical basis or</p> <p>3 rationale for the use of Method 7; is that right?</p> <p>4 A. I don't know. You will have to ask the</p> <p>5 subject matter expert. Again, not by me. I'm not</p> <p>6 exercising any subject matter expertise beyond the</p> <p>7 arithmetic.</p> <p>8 Q. I'm -- and you understand what I'm</p> <p>9 trying to figure out is whether these SOMS methods</p> <p>10 have any statistical basis or purpose, as opposed to</p> <p>11 them just counting the numbers.</p> <p>12 A. Um --</p> <p>13 Q. Do you understand? I mean, that's what</p> <p>14 I'm trying to speak with you about.</p> <p>15 A. Right. If you like, I'll just add a</p> <p>16 little bit. Thank you for that opening.</p> <p>17 You know, I would give you the same</p> <p>18 answers for all 18 or 20 of them, if we go through</p> <p>19 them --</p> <p>20 Q. Right.</p> <p>21 A. -- and talk about recurrent versus</p> <p>22 nonrecurrent.</p>	<p style="text-align: right;">Page 60</p> <p>1 That's the purpose of statistical</p> <p>2 inference, but here, we have all of your data --</p> <p>3 Q. Mm-hmm.</p> <p>4 A. -- so there's no confidence interval</p> <p>5 or...</p> <p>6 Now, ultimately, the subject matter</p> <p>7 expert who's interpreting this might give you some</p> <p>8 basis for believing that some range of results would</p> <p>9 be consistent with his or her experience and</p> <p>10 expectation, some range of results would be higher,</p> <p>11 but that's the subject matter expertise.</p> <p>12 There may be some statistical</p> <p>13 analysis, there may be some assessment of the</p> <p>14 reported results, but not by me, other than just</p> <p>15 reporting the numbers.</p> <p>16 Q. Okay.</p> <p>17 Do you know who the -- you don't</p> <p>18 know who the subject matter expert is who will be</p> <p>19 interpreting your data; is that right?</p> <p>20 A. Correct.</p> <p>21 Q. Okay.</p> <p>22 I just want to -- I'm going to ask</p>
<p style="text-align: right;">Page 59</p> <p>1 These are calculations that I did --</p> <p>2 Q. Mm-hmm.</p> <p>3 A. -- and I have some understanding of the</p> <p>4 context --</p> <p>5 Q. Mm-hmm.</p> <p>6 A. -- but the calculations themselves, once</p> <p>7 you have the data, I reach into my pocket, and I</p> <p>8 find I have three coins. I report to you I have</p> <p>9 three coins. There's no statistical analysis of</p> <p>10 that. Same thing here. With the results from each</p> <p>11 of these, there's no statistical analysis, then, of</p> <p>12 the results because we have all of the universe.</p> <p>13 Maybe another way of thinking about</p> <p>14 that is, like I said, if we had 10 percent of</p> <p>15 Albertsons shipments instead of all of them, we</p> <p>16 might want to then, you know, do some statistical</p> <p>17 inference. We might say, well, was that 10 percent</p> <p>18 randomly drawn from your shipments, and was that</p> <p>19 sample large enough to have a fairly small error</p> <p>20 band around our estimates, the point estimate from</p> <p>21 the data, to say what the result would be if we were</p> <p>22 looking at all of the data.</p>	<p style="text-align: right;">Page 61</p> <p>1 the same questions as applied to all of the SOMS</p> <p>2 methods that you applied based on what we just</p> <p>3 talked about.</p> <p>4 So none of these methods were</p> <p>5 testing a hypothesis that you were aware of?</p> <p>6 A. Correct.</p> <p>7 Q. Okay.</p> <p>8 You talked about --</p> <p>9 A. I'm sorry. I'm sorry.</p> <p>10 Other than in the general context</p> <p>11 that I understand the results may be used by a</p> <p>12 subject matter expert to test the question as to</p> <p>13 whether there was adequate supervision of orders.</p> <p>14 I'm not testing that. I don't have</p> <p>15 the subject matter expertise.</p> <p>16 So my understanding, my -- the</p> <p>17 context that I understand is that the data will be</p> <p>18 used for that purpose, but I'm not doing that.</p> <p>19 Q. Okay.</p> <p>20 So you performed no statistical</p> <p>21 analysis to test the questions of whether there was</p> <p>22 adequate supervision of orders; is that right?</p>

<p style="text-align: right;">Page 62</p> <p>1 A. Correct.</p> <p>2 Q. Okay.</p> <p>3 You in no way compared the</p> <p>4 effectiveness of the SOMS methods to test the</p> <p>5 question of whether there was adequate supervision</p> <p>6 of orders; is that right?</p> <p>7 A. Correct.</p> <p>8 MS. POERSCHKE: Object to the form.</p> <p>9 Q. That saved us a lot of time. Thank you.</p> <p>10 A. Thank you.</p> <p>11 Q. So I'd like to turn to page 43.</p> <p>12 THE WITNESS: When we're at a</p> <p>13 convenient break --</p> <p>14 MR. TORRES: We can stop right now.</p> <p>15 THE WITNESS: Can we -- I could use</p> <p>16 a comfort break.</p> <p>17 MR. TORRES: Yes. I understand.</p> <p>18 THE VIDEOGRAPHER: We're now off the</p> <p>19 record. The time is 11:25 a.m.</p> <p>20 (RECESS, 11:25 a.m. - 11:42 a.m.)</p> <p>21 THE VIDEOGRAPHER: We are now on the</p> <p>22 record. The time is 11:42 a.m.</p>	<p style="text-align: right;">Page 64</p> <p>1 A. Yes. I believe that's correct.</p> <p>2 Q. Okay.</p> <p>3 The application of Methods 1</p> <p>4 through 7 in Tables 18 through 53 follow a pattern</p> <p>5 in which you first calculate Albertsons' total MME</p> <p>6 and flagged MME for a particular method followed by</p> <p>7 a calculation of dosage units of flagged</p> <p>8 transactions under that method; is that accurate?</p> <p>9 A. Yes.</p> <p>10 Q. What was the purpose of first</p> <p>11 calculating Albertsons' total MME and flagged MME,</p> <p>12 and then calculating dosage units of flagged</p> <p>13 transactions?</p> <p>14 A. Well, I don't know that that's the order</p> <p>15 in which they're calculated. That's the order in</p> <p>16 which they're reported.</p> <p>17 So I agree that that's how they were</p> <p>18 calculated, that order. Before, I may not have said</p> <p>19 that exactly right, but they're presented -- they're</p> <p>20 both presented because, at some point, counsel, in</p> <p>21 this or an earlier MDL case, suggested that both</p> <p>22 would be useful to the Court and to the DEA expert</p>
<p style="text-align: right;">Page 63</p> <p>1 BY MR. TORRES:</p> <p>2 Q. Dr. McCann, you are not offering any</p> <p>3 opinions on the effectiveness of the SOMS methods to</p> <p>4 test the question of whether there was adequate</p> <p>5 supervision of orders; is that correct?</p> <p>6 A. Correct.</p> <p>7 Q. Turning to page 43 of your report, which</p> <p>8 is, I think, where we broke.</p> <p>9 A. Yes.</p> <p>10 Q. Can you confirm that Tables 18 through</p> <p>11 53 are the application of Methods 1 through 7</p> <p>12 involving transactions between Albertsons</p> <p>13 distributors and Albertsons pharmacies in Tarrant</p> <p>14 County.</p> <p>15 A. I apologize. Could you give me that</p> <p>16 range of tables or pages again, please.</p> <p>17 Q. Tables 18 through 53, which is pages 43</p> <p>18 through 77.</p> <p>19 If you like, I can ask the question</p> <p>20 again.</p> <p>21 A. No, I've got it. Thank you.</p> <p>22 Q. Okay.</p>	<p style="text-align: right;">Page 65</p> <p>1 who was developing opinions based on the results of</p> <p>2 these methods.</p> <p>3 Q. On page 61 of your report, this is</p> <p>4 Table 36 --</p> <p>5 A. Yes.</p> <p>6 Q. -- Method 6 in Paragraph 131 generated a</p> <p>7 lower Albertsons' total MME than the other methods</p> <p>8 you applied.</p> <p>9 Do you know why that was?</p> <p>10 A. Yes. At least I believe I do.</p> <p>11 So my Method 6 is discussed up on</p> <p>12 page 42 and 43. Method 6 is the daily dosage units</p> <p>13 threshold method. There's not a threshold specified</p> <p>14 in the Cardinal Health document for all of the</p> <p>15 opioids, so it couldn't be applied to all 14 drugs,</p> <p>16 and that's why the total MME would be lower.</p> <p>17 Q. Okay.</p> <p>18 So the -- this method is applied to</p> <p>19 a smaller number of drugs?</p> <p>20 A. Correct.</p> <p>21 Q. Okay.</p> <p>22 A. That's my -- I'd have to confirm that</p>

<p style="text-align: right;">Page 66</p> <p>1 for you, but that's my understanding.</p> <p>2 Q. Thank you.</p> <p>3 A. Welcome.</p> <p>4 Q. Can you explain what you mean by</p> <p>5 nonrecurrent and recurrent transactions.</p> <p>6 A. Yes.</p> <p>7 I always hated that labeling just</p> <p>8 because the terms don't ring in my ear smoothly, but</p> <p>9 I think it's become used in this litigation to refer</p> <p>10 to a method that either assesses each shipment anew;</p> <p>11 that is, applies the rule to each shipment in</p> <p>12 isolation.</p> <p>13 And in the alternative, a rule that</p> <p>14 flags or identifies any order when a previous</p> <p>15 shipment had been flagged under that rule.</p> <p>16 And so the interpretation, there's a</p> <p>17 couple of different interpretations of that, but</p> <p>18 from my perspective of doing the calculations,</p> <p>19 that's the difference.</p> <p>20 With the -- with nonrecurrent, you</p> <p>21 flag a shipment, and then looking at the next</p> <p>22 shipment, unless it triggers the same rule, it's not</p>	<p style="text-align: right;">Page 68</p> <p>1 which -- against which you're comparing this month's</p> <p>2 shipments to the prior six-month maximum, but once</p> <p>3 you hit that threshold, that threshold is fixed</p> <p>4 thereafter.</p> <p>5 It -- for Method 2, to flag a</p> <p>6 shipment, Method 1 also has to have flagged it. The</p> <p>7 difference is whether you allow the threshold that</p> <p>8 you're comparing subsequent shipments to to change</p> <p>9 over time, or do you fix them. Method 2 fixes them.</p> <p>10 So if you're looking at shipments</p> <p>11 from one distributor to one pharmacy, and you hit</p> <p>12 under Method 2 -- the first time you hit under</p> <p>13 Method 2, you've also hit under Method 1. So with</p> <p>14 the recurrent measure, you're flagging all</p> <p>15 subsequent shipments from that distributor to that</p> <p>16 pharmacy, whether you're looking at Method 1 or</p> <p>17 Method 2, so you get exactly the same results.</p> <p>18 In the nonrecurrent version, you get</p> <p>19 different results, but in the recurrent version, you</p> <p>20 get exactly the same results.</p> <p>21 Q. Thank you.</p> <p>22 A. I didn't explain that very well, but</p>
<p style="text-align: right;">Page 67</p> <p>1 flagged. So you could have a flagged shipment, and</p> <p>2 then ten shipments that are not flagged, and then</p> <p>3 another shipment.</p> <p>4 But with the recurrent one, once a</p> <p>5 shipment is flagged, all subsequent shipments are</p> <p>6 flagged.</p> <p>7 Q. Okay.</p> <p>8 Tables 18 through 37 are your</p> <p>9 analysis of nonrecurrent flagged transactions; is</p> <p>10 that right?</p> <p>11 A. Yes.</p> <p>12 Q. Tables 38 through 53 are your analyses</p> <p>13 of recurrent flagged transactions; is that right?</p> <p>14 A. Correct.</p> <p>15 Q. For recurrent flagged transaction report</p> <p>16 Tables 38 and 39, you refer to Method 1(2).</p> <p>17 What is the meaning or significance</p> <p>18 of the (2)?</p> <p>19 A. Well, I think it's that if you apply</p> <p>20 this recurrent rule, you get the same result for</p> <p>21 Method 1 or Method 2, recurrent. And the reason is</p> <p>22 with Method 2, you're fixing the threshold of</p>	<p style="text-align: right;">Page 69</p> <p>1 that's what's going on there.</p> <p>2 Q. I think I understand what you're -- what</p> <p>3 you described.</p> <p>4 I have the -- a similar question</p> <p>5 regarding Table 40. It's on page 64.</p> <p>6 So for recurrent flagged</p> <p>7 transactions in report Table 40, you refer to</p> <p>8 Method 2b(7).</p> <p>9 What is the meaning or significance</p> <p>10 of (7)?</p> <p>11 A. Well, it's the same issue. Maybe really</p> <p>12 should be specified as -- I think the way it's --</p> <p>13 that subheading is written is okay, but...</p> <p>14 So Method 2b is trailing six-month</p> <p>15 maximum monthly fixed after first triggered</p> <p>16 threshold on a 30-day rolling basis. So that's</p> <p>17 Judge Breyer's modification to what had been</p> <p>18 Method 2.</p> <p>19 So Method 2 was looking at the</p> <p>20 cumulative shipments from the beginning of the</p> <p>21 month. So, today, whatever day we're on here, the</p> <p>22 15th of the month, on the 15th of the month,</p>

<p style="text-align: right;">Page 70</p> <p>1 Method 2 is looking at shipments just from May 1st 2 to May 15th. Judge Breyer would say, you should 3 look at April 17th to May 15th, and Method 2b makes 4 that qualification. 5 But same as with Method 1 and 2, I 6 think once you hit Method 7 flag, you're also 7 hitting a Method 2b flag, with the very same 8 shipment. 9 And so if the rules are applied with 10 a recurrent assumption, and they first flag the same 11 prescription, everything afterwards is going to be 12 the same under both methods as well. 13 There is a difference between 2b and 14 7, if you're not applying them on a recurrent basis, 15 and it's because the trailing six-month maximum is 16 not fixed when you first hit it under Method 2, and 17 is fixed under Method 2 -- I'm sorry, not fixed 18 under 7, but is fixed under 2b. 19 Q. Okay. So let me try to simplify. 20 A. Sorry that wasn't very well-explained. 21 Q. No, that's okay. 22 So, in other words, the computations</p>	<p style="text-align: right;">Page 72</p> <p>1 sir. 2 A. I'm sorry. My answer there might have 3 been a little bit strong in the sense that, not 4 being a subject matter expert, I don't draw that 5 conclusion from the data. 6 Q. I understand. 7 A. Yes. 8 Q. Okay. 9 Can you confirm that Tables 54 10 through 71 in Section VIII of your report are the 11 application of Methods 1 through 7 involving 12 transactions between all distributors and Albertsons 13 pharmacies in Tarrant County? 14 A. Yes. 15 Q. In Tables 54 through 71, you only 16 represent the calculation of dosage units of flagged 17 transactions under Method 7 -- 1 through 7; is that 18 right? 19 A. Yes. Three of them have an A and a B, 20 but they're numbered 1 through 7, yes. 21 Q. Can you explain why you didn't reflect a 22 computation or calculation of Albertsons' total MME</p>
<p style="text-align: right;">Page 71</p> <p>1 for Method 2b and Method 7 for recurrent 2 transactions would generate the same results? 3 A. Correct. 4 Q. Okay. 5 Did you investigate whether there 6 was any statistical relationship, or any 7 relationship at all, between the nonrecurrent 8 flagged transactions and the recurrent flagged 9 transactions that you were calculating? 10 A. Not beyond the results that we report, 11 the counting, the numerical results that are 12 reported. 13 Q. You were just computing the algorithms, 14 and that's it? 15 A. Correct. 16 Q. Okay. 17 Do any of the flagged transactions 18 in report Tables 18 through 53 demonstrate that 19 there was any illicit opioid use by chain pharmacy 20 patients? 21 A. No. 22 Q. Can we turn to page 78 of your report,</p>	<p style="text-align: right;">Page 73</p> <p>1 and flagged MME for the methods you applied in 2 Section VIII of your report. 3 A. I don't recall why we chose to summarize 4 the detailed exhibits that span 10,000 pages or more 5 in the appendices with these particular tables. 6 I believe that you would find the 7 results expressed in MME in the appendices, but some 8 judgment was made as to what was necessary to tell 9 the story in a narrative since, here, we could have 10 expanded the 150 pages another 50 pages, and 11 included more, but this was what we thought told the 12 story. 13 Q. Okay. 14 Yeah, and all I'm asking is was 15 there a reason that you left out dosage units and 16 flagged transactions. I'm not saying that -- I'm 17 not suggesting that it wasn't computations you 18 performed, just asking whether there was a reason 19 you left it out of this section of your report. 20 MS. POERSCHKE: Object to the form. 21 A. I think it was just a space issue, but I 22 don't even know that I consciously thought about</p>

<p style="text-align: right;">Page 74</p> <p>1 that.</p> <p>2 I -- and some of these reports are</p> <p>3 150 or 200 pages of text, and 20,000 pages of</p> <p>4 appendices, and which summaries, which tabulations</p> <p>5 you think are most effective at explaining what</p> <p>6 calculations we did is a matter of taste, and I</p> <p>7 don't recall exactly why I decided to present it</p> <p>8 this way.</p> <p>9 You see this same basic presentation</p> <p>10 going back reports over the last three or four</p> <p>11 years, and I just don't recall what exactly the</p> <p>12 tradeoffs were that I considered at the time.</p> <p>13 Q. Thank you.</p> <p>14 Tables 54 through 63 are your</p> <p>15 analysis of nonrecurrent transactions; is that</p> <p>16 right?</p> <p>17 A. Yes.</p> <p>18 Q. Tables 64 through 71 are your analysis</p> <p>19 of recurrent transactions; is that right?</p> <p>20 A. Yes.</p> <p>21 Q. For recurrent flagged transaction in</p> <p>22 Table 64, you refer to Method 1(2).</p>	<p style="text-align: right;">Page 76</p> <p>1 absolute values, as I do. You could express the</p> <p>2 difference between them. You could report a</p> <p>3 percentage difference.</p> <p>4 There's, you know, different ways of</p> <p>5 presenting the data, but they're all just very</p> <p>6 trivial manipulations of the two numbers that I</p> <p>7 report, the recurrent number and the nonrecurrent</p> <p>8 number.</p> <p>9 Q. Do any of the flagged transactions in</p> <p>10 Section VIII of your report demonstrate that there</p> <p>11 was illicit opioid use by chain pharmacy patients?</p> <p>12 A. Not to me. They may spell something to</p> <p>13 someone else, but to me, not being a subject matter</p> <p>14 expert, beyond the arithmetic, it's just arithmetic.</p> <p>15 Q. Can we turn to Paragraph 172, which is</p> <p>16 page 93.</p> <p>17 A. Yes.</p> <p>18 Q. Okay.</p> <p>19 Here, at the bottom of</p> <p>20 Paragraph 172, you conclude that "...Albertsons</p> <p>21 prescription data before 2014 is not reliable."</p> <p>22 Is the basis for that conclusion</p>
<p style="text-align: right;">Page 75</p> <p>1 Is the meaning or significance of</p> <p>2 the (2) the same as what you previously explained?</p> <p>3 A. Yeah, you get exactly the same table if</p> <p>4 you apply Method 1 on a recurrent basis as if you</p> <p>5 apply Method 2 on a recurrent basis.</p> <p>6 Q. Okay.</p> <p>7 In Table 65, same thing with respect</p> <p>8 to Method 2 being Method 7, you compute the same</p> <p>9 results?</p> <p>10 A. Correct.</p> <p>11 Q. Did you investigate whether there was</p> <p>12 any statistical or other relationship between the</p> <p>13 nonrecurrent flagged transactions and the recurrent</p> <p>14 flagged transactions that were computed and</p> <p>15 reflected in Section VIII of your report?</p> <p>16 A. Not beyond reporting the results. I'm</p> <p>17 not -- it's not clear to me what -- what additional</p> <p>18 statistical analysis could be done other than to --</p> <p>19 yes, other than what I just said.</p> <p>20 You could see that the recurrent</p> <p>21 flagging method flags more than the nonrecurrent</p> <p>22 method and, you know, you could express those in</p>	<p style="text-align: right;">Page 77</p> <p>1 explained in footnote 37 and Figure 2 of your</p> <p>2 report?</p> <p>3 A. Yes. I'm sure there's more to it than</p> <p>4 just that, but -- more than just what's stated in</p> <p>5 the footnote, but visually, you can see from</p> <p>6 Figure 2, we created this figure for -- must be now</p> <p>7 50 instances where you've got a chain pharmacy</p> <p>8 serving as a distributor and as a dispenser, and we</p> <p>9 compare the dispensing data -- I think of it as the</p> <p>10 opioids going out the front door over the pharmacy</p> <p>11 counter, and out the front door, with what ARCOS</p> <p>12 tells us about the opioids being delivered to the</p> <p>13 loading dock at the back.</p> <p>14 And other than inventory variations,</p> <p>15 those numbers should match up, and they do in</p> <p>16 virtually every -- every time in ten different</p> <p>17 jurisdictions, and in total, on average, four or</p> <p>18 five distributors, so 50 times, we look at this</p> <p>19 graph, the red line and the blue line line up, makes</p> <p>20 sense, right.</p> <p>21 But in this case, it doesn't, and it</p> <p>22 looks like the reason it doesn't is we don't have</p>

<p style="text-align: right;">Page 78</p> <p>1 dispensing data for hydrocodone for big swaths of 2 time. 3 Q. Okay. 4 Were there any other reasons not 5 described in this page, page 93 of your report, that 6 cause you to conclude that Albertsons prescription 7 data before 2014 was not reliable? 8 A. I think Albertsons is the one with a lot 9 of missing data fields, so I forget the details on 10 that now, but maybe patient zip code missing or 11 prescriber DEA number or NPI number. 12 So the Albertsons dispensing data, 13 my recollection is, was missing a lot of data. 14 Either the records were entirely missing, like 15 what's reflected in Figure 2, or the fields for the 16 records that were produced, a lot of the fields 17 weren't populated. 18 Another example would be most of the 19 dispensing data we receive has a filled quantity -- 20 a written quantity and a filled quantity, and we use 21 those fields sometimes to identify refills, and for 22 a very large fraction, maybe a majority of the</p>	<p style="text-align: right;">Page 80</p> <p>1 Q. In Table 76, you excluded initial 2 prescriptions in red-flag computations 3, 4, 5, 7 3 and 13. 4 Can you explain why you did that. 5 A. Yes. 6 If you look at -- for instance, 7 Flag 3 is explained on page 94 as being "Patient was 8 dispensed opioid prescriptions with overlapping days 9 of supply that were written by two or more 10 prescribers." 11 There might be some scenario that I 12 can't imagine as I sit here, but -- why this would 13 not be true, but in every example I can think of 14 where that Flag 3 would be triggered, there would be 15 one prescription presented, and then sometime later, 16 a day, a week, three weeks later, a second 17 prescription would be submitted and filled for 18 overlapping days of supply by two or more 19 prescribers. 20 And some pharmacy experts have 21 wanted to see all of the prescriptions that were 22 part of the pair or triple that flagged the --</p>
<p style="text-align: right;">Page 79</p> <p>1 prescriptions, the Albertsons data didn't include a 2 written quantity. 3 So there's just more issues with the 4 Albertsons prescription data than with Publix or 5 with the other distributors we've dealt with in the 6 past. 7 Q. Turning to page 96 of your report, sir. 8 A. Yes. 9 Q. Do the red-flag computations in 10 Tables 74 through 76 rely in any way on algorithm 11 Methods 1 through 7? 12 A. No. 13 Q. All right. 14 They're entirely independent 15 computations; is that right? 16 A. Correct. 17 Q. Okay. 18 Did you perform any analysis to 19 determine whether there was any relationship between 20 the red-flag computations and your SOMS 21 computations? 22 A. No.</p>	<p style="text-align: right;">Page 81</p> <p>1 tripped the flag, and to me, that makes a lot of 2 sense, again, not the subject matter expert, but if 3 I submit a prescription today and then go in on 4 Friday with another prescription, and the pharmacist 5 looks at that second prescription, and says, well, 6 Craig was just in here three days ago and filled a 7 one-week supply, so there's an overlapping days of 8 supply, I need to evaluate both of these 9 prescriptions, I -- you know, to me, that makes 10 sense. 11 But then others would interpret that 12 data and say, but the first prescription couldn't 13 have been stopped because the second prescription 14 hadn't been presented yet. You might be able to 15 stop the second prescription. 16 And so it depends on your 17 interpretation of these flagging methods. Are 18 they -- are there -- is the purpose to identify sets 19 of prescriptions that raise concerns, or is it to 20 identify only prescriptions that could have been 21 stopped before it went out the door. 22 And so some pharmacy experts have</p>

<p style="text-align: right;">Page 82</p> <p>1 preferred one interpretation versus the other, or 2 wanted to see the results of both interpretations, 3 that's why for 3, 4, 5, 7 and 13, it's done both 4 ways. 5 Q. Okay. 6 MR. TORRES: Can we go off the 7 record for five minute, please. Do you mind? 8 THE WITNESS: Not at all. 9 MR. TORRES: Thank you. 10 THE VIDEOGRAPHER: We're now off the 11 record. The time is 12:11 p.m. 12 (RECESS, 12:11 p.m. - 12:17 p.m.) 13 THE VIDEOGRAPHER: We are now on the 14 record. The time is 12:17 p.m. 15 BY MR. TORRES: 16 Q. Okay. Dr. McCann, did anyone ask you 17 whether there were -- did you review the Texas 18 Professional Responsibility of Pharmacists Rule 19 Section 291.29 in connection with your red-flag 20 analysis? 21 A. No. 22 MR. TORRES: Thank you.</p>	<p style="text-align: right;">Page 84</p> <p>1 Q. Do you recall where the store was? 2 A. No. 3 Q. Okay. 4 Do you recall approximately when 5 that occurred? 6 A. No. 7 Q. Do you know how many times you shopped 8 at a Publix in -- 9 A. Oh, fewer than ten times. Maybe three 10 or four times. I don't spend -- I don't live in 11 Florida or spend a lot of time in Florida, but I 12 have occasionally pulled off the side of the road 13 and picked up a sandwich or a coffee at a Publix. 14 Q. Okay. 15 Have you ever obtained a 16 prescription at a Publix pharmacy? 17 A. No. 18 Q. Okay. 19 Just to be clear, it's a little bit 20 confusing because you're being asked questions by 21 two different lawyers, but the questions I'm going 22 to ask you pertain to what in the MDL is referred to</p>
<p style="text-align: right;">Page 83</p> <p>1 EXAMINATION 2 BY MR. LEEDER: 3 Q. Good morning, Dr. McCann. 4 A. Good morning. 5 Q. My name is Bill Leeder, and I represent 6 Publix Super Markets. 7 Is this your first expert report in 8 your years of work in the opioid litigation where 9 you have offered opinions in a case brought against 10 Publix? 11 A. I don't know. I don't think so, but I 12 don't know for sure. 13 We've certainly had Publix data 14 before. Whether Publix settled out of a case before 15 I filed an expert report or not, I'm not sure. I 16 don't recall. 17 Q. Have you ever shopped at a Publix? 18 A. Yes. 19 Q. Where? 20 A. In Florida, I think. Maybe in North or 21 South Carolina, I'm not sure, but in Florida, for 22 sure.</p>	<p style="text-align: right;">Page 85</p> <p>1 as Track 8, which is a case bought by the Plaintiff 2 of Cobb County, Georgia, against Publix and, at 3 least initially, other pharmacies. 4 A. Yes. 5 Q. So if I make a reference to Track 8, you 6 will understand that that's the case I'm referring 7 to? 8 A. Yes. 9 Q. Okay. 10 As an opening matter, just to build 11 off of the testimony that you've already given here 12 today and previously, if I asked you the same 13 questions about the process and the methods for 14 preparing your report that Mr. Torres has already 15 asked you, would your answers be the same for the 16 Track 8 report as they were for the Track 9 report? 17 A. Yes. 18 Q. Were there any calculations that you 19 were asked to run but did not include in your 20 Track 8 report? 21 A. Excuse me. Not that I'm aware of. 22 Q. Okay.</p>

<p style="text-align: right;">Page 86</p> <p>1 Are you aware of that ever happening</p> <p>2 in any of the previous MDL cases in which you've</p> <p>3 served as an expert?</p> <p>4 A. No. I don't think so. At least not</p> <p>5 where the calculations were being done specific to a</p> <p>6 case.</p> <p>7 So, early on, we were developing the</p> <p>8 data and doing calculations and reporting to the</p> <p>9 Court about the general development of the ARCOS --</p> <p>10 processing and supplementation of the ARCOS data,</p> <p>11 and distributing it to cities and states and</p> <p>12 counties.</p> <p>13 So there were certainly calculations</p> <p>14 that we did prior to CT1 report being filed that</p> <p>15 probably didn't make it into the CT1 report or</p> <p>16 subsequent reports, but nothing we were ever asked</p> <p>17 to do, I don't think, for a report, not that I'm</p> <p>18 aware of anyway, where we then didn't include that</p> <p>19 in some form, in an appendix or in the data files.</p> <p>20 Q. Certainly, you didn't do it for the</p> <p>21 Track 8 report; correct?</p> <p>22 A. Yes.</p>	<p style="text-align: right;">Page 88</p> <p>1 A. Well, not directly to me. So I received</p> <p>2 the suggestions and had interactions with -- mostly</p> <p>3 with the lawyers, but Mr. Rafalski, I understand,</p> <p>4 was the DEA expert working with the lawyers to</p> <p>5 develop the rules that they wanted us to apply.</p> <p>6 And I participated in two or three,</p> <p>7 maybe four Zoom calls with Mr. Rafalski where we</p> <p>8 discussed the methods and the results in specific</p> <p>9 cases. Most of those conversations were four and</p> <p>10 five years ago, but that's -- that was the</p> <p>11 origination of these methodologies.</p> <p>12 Q. Do you know if Mr. Rafalski has been</p> <p>13 named as an expert in this case?</p> <p>14 A. I don't know. No.</p> <p>15 Q. Have you spoken to anybody else -- any</p> <p>16 other DEA expert specific to your work in Track 8?</p> <p>17 A. I haven't. I don't know whether someone</p> <p>18 in my office, my staff may have, but I know that I</p> <p>19 did not.</p> <p>20 Q. How would we confirm whether you've</p> <p>21 had -- whether your staff has had any conversations</p> <p>22 with any DEA expert regarding the SOMS methods?</p>
<p style="text-align: right;">Page 87</p> <p>1 Q. Okay.</p> <p>2 In your earlier testimony, you</p> <p>3 mentioned some discussions with DEA experts related</p> <p>4 to the development of the SOMS algorithms.</p> <p>5 Specifically, who were you</p> <p>6 referencing when you made that reference?</p> <p>7 A. Oh, my gosh. My name recall is so poor.</p> <p>8 So, early on, we -- when we first</p> <p>9 got the ARCOS data, I met two or three DEA experts,</p> <p>10 Jim Geldof's name comes to mind. He has since</p> <p>11 passed away, but -- because there was a famous</p> <p>12 musician named Geldof. But he wasn't -- and he was</p> <p>13 served as an expert in one or two cases, but there</p> <p>14 was another person, who I met several times and</p> <p>15 appeared in a number of the cases, and I'm not</p> <p>16 placing his name right now.</p> <p>17 Q. I'm not trying to play gotcha here, but</p> <p>18 was it James Rafalski?</p> <p>19 A. That's it. Yes.</p> <p>20 Q. Okay.</p> <p>21 Was he the primary source for these</p> <p>22 algorithms, specifically the SOMS algorithms?</p>	<p style="text-align: right;">Page 89</p> <p>1 A. Well, I could ask my staff.</p> <p>2 Q. Does the name Joseph Rannazzisi ring any</p> <p>3 bells?</p> <p>4 A. Yes.</p> <p>5 Q. Okay.</p> <p>6 Have you had any conversations with</p> <p>7 Mr. Rannazzisi?</p> <p>8 A. I haven't. Mr. Rannazzisi has requested</p> <p>9 information, calculations from my office, and I'm</p> <p>10 not sure whether those were in direct communication</p> <p>11 with my office or through counsel that</p> <p>12 Mr. Rannazzisi is working with.</p> <p>13 Now that you mention his name, his</p> <p>14 name came up in the last few days, just in</p> <p>15 discussions in my office, so it may well be that</p> <p>16 he's involved in CT8 and/or CT9. I don't know that.</p> <p>17 That wasn't something that I focused on.</p> <p>18 Q. Okay.</p> <p>19 Dr. McCann, I'm going to show you</p> <p>20 what we're going to mark --</p> <p>21 A. Thank you.</p> <p>22 Q. -- as McCann Number 3. So this is a</p>

<p style="text-align: right;">Page 90</p> <p>1 copy of your expert report that you prepared for the 2 Track 8 case. 3 (McCann Exhibit 3, McCann Expert Report, 1.24.2024, 4 was marked for identification.) 5 Q. I want to start at page 45, and 6 Paragraph 104. 7 You note that you "...implemented 8 various approaches to identify transactions meeting 9 specified criteria using nonpublic ARCOS Data from 10 2006 to 2019, supplemented by Defendants' 11 Transactional Data..." (As read.) 12 That's consistent with the approach 13 you've taken previously? 14 A. Yes. 15 Q. Okay. 16 Now, these various approaches are -- 17 that you are referencing are the distributor SOMS 18 methods that are described in Paragraphs 105 to 122 19 of your report; correct? 20 A. Yes. 21 Q. The -- your basis for relying on those 22 SOMS methods is that they were provided to you by</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. Then in Paragraph 114, you state that, 2 "If the national average of opioid shipments keeps 3 increasing, the threshold will increase." 4 A. Correct. 5 Q. My question to you is: If the method is 6 based on the number of dosage units shipped to a 7 Distributor Defendant, and whatever historical data 8 is available related to that -- those shipments, 9 what impact does the national average of opioid 10 shipments have on calculating the threshold under 11 that method? 12 A. Oh, maybe the wording there is a little 13 bit confusing, but when Paragraph 114 refers to the 14 national average, it's referring to the average 15 dosage units shipped by the Distributor Defendant to 16 retail and chain pharmacies across the country. 17 It's not taking into account the 18 average shipment by all distributors to all 19 pharmacies, or something like that. 20 So it's really referring to the same 21 threshold that's referred to in Paragraph 13 (sic), 22 and it's just making the point that if you're during</p>
<p style="text-align: right;">Page 91</p> <p>1 Plaintiffs' counsel and the DEA expert? 2 A. Yeah. I wouldn't say I relied on them, 3 but I implemented them. 4 So we took these recipes, if you 5 will, for adding up data, and applied them and 6 reported the results. 7 Q. I want to have you look initially at 8 Method 3. 9 A. Yes. 10 Q. You understand that Method 3 is twice 11 trailing 12-month average pharmacy dosage units; 12 correct? 13 A. Yes. 14 Q. Okay. 15 In Paragraph 113, you state, 16 "...transactions that cause the number of Dosage 17 Units shipped by a Distributor Defendant to a 18 pharmacy in a calendar month to exceed twice the 19 trailing 12-month average Dosage Units to retail and 20 chain pharmacies served by the Distributor 21 Defendant"; correct? 22 A. Yes.</p>	<p style="text-align: right;">Page 93</p> <p>1 a period where the overall shipments by the 2 distributor to the pharmacies it serves is 3 increasing over time, this national -- this average 4 to those pharmacies that the distributor ships will 5 be increasing over time. You're pulling the 6 12-month window with you as you go through time. 7 If shipments are generally 8 increasing from the distributor to the pharmacies it 9 serves, this threshold, two times whatever that 10 average shipment to a pharmacy is, will be 11 increasing. 12 That's why there's a 3b. 3b just 13 says, once you trigger Flag 3, instead of allowing 14 the threshold to continue to increase, we fixed the 15 threshold at whatever twice the average shipments to 16 pharmacies across the country were by that 17 distributor. 18 Q. But the method is still based on 19 shipments to an individual pharmacy as opposed to a 20 calculated average across all pharmacies served by a 21 distributor; correct? 22 A. Well, there's a bit of both, right,</p>

<p style="text-align: right;">Page 94</p> <p>1 because you're comparing the shipments to a 2 particular pharmacy with the shipments from the 3 distributor to all of the pharmacies that they 4 serve. 5 So they may serve 115 pharmacies, 6 take the average of the shipments to those 115 7 pharmacies, and compare twice that number to what is 8 being shipped to this individual pharmacy. 9 That's the -- I'm still not saying 10 it very clearly, but that's the idea. 11 Q. But the average has been based on what 12 the distributor is doing as opposed to what the -- 13 who the distributor is shipping to as opposed to 14 what the pharmacy is ordering; correct? 15 A. Yes. So it is evaluating an individual 16 pharmacy, an individual pharmacy's orders to date 17 during the month, and the issue is what sort of 18 benchmark, what threshold do you use when you're 19 assessing the particular individual pharmacy's 20 shipments. And the first couple of examples we 21 looked at were that pharmacy's own receipts over the 22 prior six months.</p>	<p style="text-align: right;">Page 96</p> <p>1 likely, but I don't know from memory. 2 Q. Oh, but if it's -- if you are 3 referencing the same number of methods, the 4 methodology, the algorithm didn't change; is that 5 fair? 6 A. Right. I don't think that there was any 7 renumbering of them or anything, or any change in 8 how we implemented them. 9 Q. Okay. 10 A. That really has not been for several 11 years now. 12 Q. You are not offering an opinion as to 13 whether any of these methods is the appropriate way 14 to identify suspicious orders? 15 A. Correct. 16 Q. Okay. 17 You are not offering an opinion as 18 to whether a flagged order is suspicious? 19 A. Correct. 20 Q. Similarly, you're not offering an 21 opinion on whether a flagged order should be 22 shipped?</p>
<p style="text-align: right;">Page 95</p> <p>1 And this one is saying, well, 2 instead of looking at that individual pharmacy's 3 recent history, let's look at the recent history of 4 pharmacies on average that the distributor is 5 servicing. That's the transition from 1 and 2 to 6 now 3. 7 Q. Okay. 8 You made similar -- you used similar 9 language in -- with respect to -- I'm sorry, 10 Method -- the next method, three times trailing 11 12-month average pharmacy dosage units, where you 12 reference in Paragraph 118, again, the national 13 average of opioid shipments. 14 Your responses would be the same if 15 I asked you the same line of questions about -- 16 A. Yes. 17 Q. The numbered -- the SOMS methods 18 identified in Paragraph 105 to 122 of your report, 19 are they identical to the SOMS methods that you 20 implemented in your Track 7 report? 21 A. I don't recall that. We'd have to pull 22 out the Track 7 report, and compare them. Very</p>	<p style="text-align: right;">Page 97</p> <p>1 A. Correct. 2 Q. Okay. 3 In doing the work to build up to 4 preparing your report, did you review any of the 5 Publix SOMS systems that were in place between 2006 6 and 2019? 7 A. No. 8 Q. Do you know whether any of the ten 9 flagging methods replicate any of the SOMS systems 10 used by Publix between 2006 and 2019? 11 A. No. 12 Q. Okay. 13 Do you know whether any of the 14 flagging methods have ever been approved by the DEA? 15 A. No. 16 Q. Do any of the flagging methods account 17 for the medical needs of prescription opioids in 18 Cobb County? 19 A. No. 20 Q. Do any of the flagging methods account 21 for an increase in overall grocery store business or 22 pharmacy customers for a specific store?</p>

<p style="text-align: right;">Page 98</p> <p>1 A. No. I don't think so.</p> <p>2 Q. How would these algorithms account for</p> <p>3 the opening of a new store?</p> <p>4 Put another way, since you have a --</p> <p>5 since the -- there is always a look-back aspect to</p> <p>6 this, if you have a store that's never ordered</p> <p>7 anything, how does that -- how is that accounted for</p> <p>8 in these SOMS algorithms, if you know?</p> <p>9 A. Well, there's no exclusion or</p> <p>10 modification to the SOMS and to these flagging</p> <p>11 methodologies that we implement in that fact</p> <p>12 pattern, although the results will be a little bit</p> <p>13 different, right, you're less likely to subsequently</p> <p>14 flag under some of the rules, and are more likely to</p> <p>15 flag under some of the others than if this was a</p> <p>16 store that had been in existence for some time.</p> <p>17 So, for instance, the daily limits</p> <p>18 or the monthly limits, Methods 5 and 6, are more</p> <p>19 likely to be flagged as a new store gets stocked up,</p> <p>20 but if a new store is getting stocked up, it's</p> <p>21 creating a high threshold in the trailing six-month</p> <p>22 calculations, and so you're less likely to flag that</p>	<p style="text-align: right;">Page 100</p> <p>1 county, and then your dispensing data identifies</p> <p>2 counties.</p> <p>3 And there's, I think, at least one</p> <p>4 pharmacy where there's some fight over whether it's</p> <p>5 in Cobb County or not, and that shows up in our</p> <p>6 analysis of the sampled prescriptions.</p> <p>7 Based on the ARCOS data, I forget</p> <p>8 which way it goes, but we ended up creating a tool</p> <p>9 for 391 prescriptions instead of 400 prescriptions</p> <p>10 because nine of the sampled 400 prescriptions were</p> <p>11 filled at a pharmacy which I think ARCOS says is</p> <p>12 Cobb County and which Publix says is not Cobb</p> <p>13 County, or the other way, I forget which way it</p> <p>14 goes.</p> <p>15 Q. Was that an issue that you flagged</p> <p>16 initially, or is that -- to deal with in your</p> <p>17 report, or is that something that was brought to</p> <p>18 you?</p> <p>19 A. I don't recall.</p> <p>20 Q. Okay.</p> <p>21 Your report, in page 9 through 12, I</p> <p>22 just want to make sure, you indicate that the county</p>
<p style="text-align: right;">Page 99</p> <p>1 store's shipments under Methods 1 and 2.</p> <p>2 So the interpretation of the results</p> <p>3 are a little different in the fact pattern you've</p> <p>4 described, and that probably is something that</p> <p>5 someone evaluating the results of the flagging</p> <p>6 methods would take into account. I'm not a subject</p> <p>7 matter expert, but it seems to me that they would.</p> <p>8 There's no change to the</p> <p>9 calculations because of that fact pattern, just a --</p> <p>10 maybe a change in the interpretation of the results.</p> <p>11 Q. Does your analysis distinguish between</p> <p>12 opioids shipped to a Publix store in an</p> <p>13 unincorporated territory in Cobb County as opposed</p> <p>14 to an incorporated city?</p> <p>15 A. Not that I'm aware of.</p> <p>16 Q. Your report marked as Exhibit and your</p> <p>17 website group pharmacy information by county. What</p> <p>18 is your -- what's the source of making that</p> <p>19 grouping? What's the source of that information; is</p> <p>20 it ARCOS?</p> <p>21 A. Well, there were two sources.</p> <p>22 One is ARCOS. ARCOS identifies the</p>	<p style="text-align: right;">Page 101</p> <p>1 information, the ARCOS records, is appended by the</p> <p>2 DEA in the transaction records submitted by Publix.</p> <p>3 Does that sound right to you?</p> <p>4 A. I'm sorry, could you give me that page</p> <p>5 number.</p> <p>6 Q. Yeah. Page 9 through 12. And it's</p> <p>7 really on 9 and 10 is what we're focusing on.</p> <p>8 A. Yes.</p> <p>9 Q. On page 12, you also note that --</p> <p>10 Paragraph 42, that some DEA numbers have more than</p> <p>11 one address.</p> <p>12 Did you find any instances of that</p> <p>13 with the Publix stores at issue in this case?</p> <p>14 A. I don't recall.</p> <p>15 Q. Going back to page 5 at Paragraph 11,</p> <p>16 you state that you were tasked with validating the</p> <p>17 ARCOS data; correct?</p> <p>18 A. Correct.</p> <p>19 Q. What did you do to validate the county</p> <p>20 information associated with each transaction?</p> <p>21 A. I don't recall, but I believe we -- I</p> <p>22 just don't -- I don't recall. There was --</p>

<p style="text-align: right;">Page 102</p> <p>1 Q. That's okay. If you don't recall, 2 that's fine. 3 A. Okay. 4 Q. If -- were you provided a store list for 5 the Publix stores at issue in this case? 6 A. Well, I believe so. We have received 7 store lists for other chain pharmacies. It's 8 reflected in the dispensing data that we receive. 9 Typically, a store number, and -- so separate from 10 the DEA number that the pharmacy would have, we 11 would have a store number in the data, typically. 12 I'm not picturing it specifically with Publix, but I 13 believe we would. 14 And then, of course, from the ARCOS 15 data, we have a list of Publix pharmacies. 16 Q. So the store specific -- I'll cut to the 17 chase. 18 The store that we're talking about 19 here is Store Number 541, which is located at 20 6300 Powers Ferry Road in Sandy Springs, Georgia. 21 As we sit here today, do you have 22 any reason to doubt that that store is actually</p>	<p style="text-align: right;">Page 104</p> <p>1 red-flag prescriptions that you found in the Publix 2 dispensing data; correct? 3 A. Yes. 4 Q. Okay. 5 Can you tell me specifically what 6 data sources you used to create a unified set of 7 Publix dispensing data. 8 I direct your attention to 9 Subparagraph 10o on page 4, that's specifically what 10 I'm talking about. 11 Does that look familiar to you? 12 A. Yes. 13 I don't recall how these four 14 Bates-stamped documents were collectively 15 transmitting the Publix dispensing data to us, but 16 those are the ones that are identified in 17 Subparagraph (o). 18 Q. Did you understand that the data was 19 from multiple platforms? 20 A. I don't recall that, but that appears to 21 be what the naming convention implies. 22 Q. Okay.</p>
<p style="text-align: right;">Page 103</p> <p>1 located in Fulton County as opposed to Cobb County? 2 A. No, I don't. I understand that -- just 3 the general context -- as a result of the general 4 context, I understand that there was some 5 disagreement between the ARCOS data identified 6 county and the Publix dispensing data identified 7 county. 8 Q. But regardless, you didn't do anything 9 to verify where those stores were located? 10 A. I did -- my office did a Google search 11 of the address, and found that there was some 12 dispute about which county, or that which county it 13 was in had changed. 14 Q. Okay. 15 I want to shift gears just a little 16 bit and bring your attention to page 4 of your 17 report. 18 And AI want -- most of these 19 questions are going to relate to Section X of your 20 report, which largely -- which deals with red-flag 21 computations on the Publix dispensing data. 22 Now, you calculated the number of</p>	<p style="text-align: right;">Page 105</p> <p>1 Specifically, that there was data 2 from eRx and from PDX? 3 Did you have an understanding of 4 when and how the Publix stores in Georgia 5 transitioned from PDX to eRx? 6 A. Not as I sit here. If I did when this 7 data first arrived, and we started work on it, I 8 have since forgotten. 9 Q. Okay. 10 Did you do anything to account for 11 the possibility of duplicate prescriptions in the 12 various eRx and PDX datasets that you considered 13 according to page 4 of your report? 14 A. Yes, but I don't recall what -- we 15 certainly didn't intentionally leave in duplicate 16 prescriptions. 17 Q. Did you take any steps to account for 18 the differences in the various fields between the 19 eRx dataset and the PDX datasets? 20 A. I'm sorry. Could you ask that question 21 again, please. 22 Q. Did you take any steps to account for</p>

<p style="text-align: right;">Page 106</p> <p>1 differences in the various data fields that were 2 present in the eRx and the PDX datasets? 3 A. Well, certainly, there would be -- if 4 there were fields missing in one dataset for one set 5 of -- for some subset of prescriptions, and those 6 field values were used in our flagging algorithms, 7 well, the flagging algorithms wouldn't identify some 8 prescriptions unless that data was available in some 9 other form. 10 I don't recall the Publix data being 11 the same problem that the Albertsons data was. I -- 12 my understands is that the Publix dispensing data 13 was pretty good. 14 Q. To be clear, I don't want to retread old 15 ground, but you didn't come up with any -- you 16 didn't come up with a criteria to identify red-flag 17 prescription; correct? 18 A. Correct. 19 Q. You took those criteria from someone 20 else and applied them to the Publix data? 21 A. Correct. 22 Q. Do you have any opinion on whether any</p>	<p style="text-align: right;">Page 108</p> <p>1 A. Yes. 2 Q. You conclude that 305,069 out of 669,828 3 opioid prescriptions dispensed by Publix stores in 4 Cobb County had at least one red flag? 5 A. Correct. 6 Q. That amounts to 45-and-a-half percent? 7 A. Yes. 8 Q. So that means that 364,759 prescriptions 9 did not hit on a single nonrecurrent flag; is that 10 right? 11 A. Yes. 12 Q. In other words, more than half of the 13 opioid prescriptions did not trigger any of the 14 14 red flags? 15 A. Correct. 16 Q. Are you going to offer any opinions 17 regarding the amount of opioids that Publix should 18 have supplied in Cobb County? 19 A. No. 20 Q. Are you going to offer any opinions 21 regarding the amount of opioids that Publix should 22 have dispensed in Cobb County?</p>
<p style="text-align: right;">Page 107</p> <p>1 of the 14 flags are the correct way to identify 2 prescriptions of controlled substances? 3 A. No. 4 Q. Do you know whether any of the red-flag 5 prescriptions identified in your analysis of Publix 6 data were diverted? 7 A. No. 8 Q. Do you know whether any of the red-flag 9 prescriptions were illegitimate? 10 A. No. 11 Q. Other than the red flags described -- 12 the 14 red flags described in your report, did you 13 run any other red-flag analyses on the Publix 14 dispensing data? 15 A. Not that I'm aware of. 16 Q. I want to direct your attention to 17 page 111 of your report. Specifically, I want to 18 look at Table 80. 19 A. Yes. 20 Q. This is the result of the Publix 21 nonrecurrent flagged opioid prescription and 22 analysis that you conducted; correct?</p>	<p style="text-align: right;">Page 109</p> <p>1 A. No. 2 Q. Are you going to offer any opinion about 3 whether any of the prescriptions in the Publix data 4 that you flagged should have not been dispensed? 5 A. No. 6 Q. Are you going to offer any opinions 7 about whether any of the prescriptions in the Publix 8 data that you analyzed caused injury to anyone? 9 A. No. 10 Q. I have a few questions about specific 11 red flags, so... 12 Okay. If you turn to page 108 of 13 your report, you -- that's where you identify the 14 14 red flags. Can you turn there for me. 15 A. Yes. 16 Q. Okay. Great. 17 Looking at Red Flag 1 and 2, 1 -- 18 Red Flag 1 is an opioid was dispensed to a patient 19 who traveled more than 25 miles to visit the 20 pharmacy. Distance here is calculated from the 21 center of the patient's zip code to the center of 22 the pharmacy zip code; correct?</p>

<p style="text-align: right;">Page 110</p> <p>1 A. I apologize. Which red flag?</p> <p>2 Q. Red Flag 1.</p> <p>3 A. Yes. That's correct.</p> <p>4 Q. Okay.</p> <p>5 Red Flag Number 2 is similar, but</p> <p>6 it's basically using the same calculus to address</p> <p>7 the distance traveled to see the prescriber;</p> <p>8 correct?</p> <p>9 A. Correct.</p> <p>10 Q. Okay.</p> <p>11 Do either one of these red flags</p> <p>12 account for the specialty of the doctor writing the</p> <p>13 prescription?</p> <p>14 A. No.</p> <p>15 Q. Okay.</p> <p>16 You know, for example, it would be</p> <p>17 reasonable for a patient to travel more than 25</p> <p>18 miles to see their oncologist; correct?</p> <p>19 A. I don't know.</p> <p>20 Q. Okay.</p> <p>21 You indicate here that you</p> <p>22 calculated from the center of the patient's zip code</p>	<p style="text-align: right;">Page 112</p> <p>1 available, and then it's -- I don't know how to do</p> <p>2 it, but people in my office can use software to</p> <p>3 identify the distance between the center of any two</p> <p>4 zip codes.</p> <p>5 And so that -- there's a limited</p> <p>6 number of combinations of zip codes, pairs of zip</p> <p>7 codes, and so a fairly simple matter to look up</p> <p>8 these distances between centers of two zip codes.</p> <p>9 Quite another matter to calculate</p> <p>10 the distance between the center of a zip code and</p> <p>11 any one of tens or hundreds of thousands of possible</p> <p>12 addresses within a zip code. So that could have</p> <p>13 been done --</p> <p>14 Q. But we're talking just about Cobb County</p> <p>15 here. I mean, you have the address information at</p> <p>16 least for two -- for the prescriber and for the</p> <p>17 pharmacy, and at a minimum, even if you still use</p> <p>18 the central address, you could still calculate more</p> <p>19 accurately using those addresses; correct?</p> <p>20 A. I'd have to think through that, but with</p> <p>21 some work, at least conceptually, I think that's</p> <p>22 right, yes.</p>
<p style="text-align: right;">Page 111</p> <p>1 to the center of the pharmacy zip code; correct?</p> <p>2 A. Yes.</p> <p>3 Q. With respect to Red Flag 2, you do the</p> <p>4 same calculation, but from the center of the</p> <p>5 patient's zip code to the center of the prescriber</p> <p>6 zip code.</p> <p>7 Now, you have the pharmacy</p> <p>8 addresses; correct?</p> <p>9 A. Correct.</p> <p>10 Q. You have the prescriber addresses;</p> <p>11 correct?</p> <p>12 A. Correct.</p> <p>13 Q. Is there any reason you wouldn't use</p> <p>14 those actual addresses to calculate the distance</p> <p>15 traveled; wouldn't that be a more efficient way</p> <p>16 of -- or a more accurate way, rather, of calculating</p> <p>17 those distances?</p> <p>18 A. Definitely not. The most efficient way</p> <p>19 to do it is the way we did it, because if you think</p> <p>20 about it, you've got however many zip codes there</p> <p>21 are in the country, and the geographic center of</p> <p>22 those zip codes is a set of coordinates that are</p>	<p style="text-align: right;">Page 113</p> <p>1 Q. Okay.</p> <p>2 I want to jump to the end of your</p> <p>3 list and look at Red Flag 14.</p> <p>4 Red Flag 14 is simply a patient was</p> <p>5 dispensed an opioid and paid in cash.</p> <p>6 How do you define "paid in cash"</p> <p>7 under this red flag?</p> <p>8 A. Yeah, it just means that they didn't use</p> <p>9 insurance. I don't know. The pharmacy experts</p> <p>10 refer to either insurance or paid in cash, but, you</p> <p>11 know, you might have used a credit card.</p> <p>12 Q. Okay.</p> <p>13 Did you have that -- do you know if</p> <p>14 you have that -- how that information was provided</p> <p>15 to you in the Publix dispensing data?</p> <p>16 A. I don't recall, but in all of the</p> <p>17 dispensing data that I can recall reviewing, there</p> <p>18 was a field that didn't say cash/not cash, it said</p> <p>19 insurance/not insurance.</p> <p>20 So I think the field identifies</p> <p>21 whether it was insurance -- or I think even the</p> <p>22 dispensing data refers to the alternatives as</p>

<p style="text-align: right;">Page 114</p> <p>1 insurance or cash, but I think the cash alternative 2 encompasses your Visa card. 3 Q. Okay. 4 Would it also encompass, then -- do 5 you know what a prescription discount card is? 6 A. Yes. 7 Q. Okay. 8 So would it encompass that? 9 A. I would think so. 10 Q. So, basically, it's meant to encompass 11 any payment that's not insurance? 12 A. Well, even with a prescription discount 13 card, you're still paying something. So that 14 payment is not being paid by an insurance company. 15 Q. I asked that poorly. 16 As opposed to saying paid in cash, 17 what that really means is not insurance? 18 A. Correct. 19 Q. Okay. 20 A. At least that's how I interpret the data 21 that we receive from the dispensers. 22 Q. Does this red flag take into account the</p>	<p style="text-align: right;">Page 116</p> <p>1 A. Thank you. 2 Q. Okay. I have marked what is Exhibit 4. 3 This is Appendix 8.3B to your report. 4 You recognize that? 5 A. Yes. 6 Q. Based on your -- okay. 7 Would you agree that your current 8 red-flag analysis flags twice as many prescriptions 9 as the nonrecurrent method; correct? 10 A. Yeah. I don't know about the precise 11 ratio, but that sounds right to me. 12 Q. I think if you look at the first page, 13 it's 45-and-a-half for the nonrecurrent and 14 91 percent, so I think it's pretty straightforward. 15 A. Yeah. I'm sorry. I don't see the 16 91 percent, but I'm assuming that's right, yes. 17 Q. Yeah. 18 If you look at the page that starts 19 with the recurrent analysis, it shows you the 20 91 percent. 21 A. Okay. 22 Q. Based on your expertise, is the method</p>
<p style="text-align: right;">Page 115</p> <p>1 percentage of Cobb County residents that are 2 insured? 3 A. No. 4 Q. Okay. 5 Does it take into account the 6 percentage of Publix customers that are insured? 7 A. No. 8 Q. So if you were to do a calculation of 9 the number of prescriptions, you don't know how it 10 would compare to either of those categories, either 11 Cobb County at large or Publix County -- Publix 12 customers, excuse me? 13 A. Correct. 14 Q. Do you know what percentage of nonopioid 15 prescriptions at Publix were also paid, well, not 16 with insurance? 17 A. No. 18 (McCann Exhibit 4, Appendix 8.3B Red-Flag Analysis 19 Summary on Publix Dispensing Data, was marked for 20 identification.) 21 Q. I'm going to hand you what I'm going to 22 mark -- oh, here.</p>	<p style="text-align: right;">Page 117</p> <p>1 that flags 91 percent of all prescriptions actually 2 helpful in any meaningful way? 3 A. Yes. 4 MS. POERSCHKE: Object to the form. 5 THE WITNESS: I apologize. 6 A. Yes. 7 Q. Do you believe that's effective? 8 A. Yes. 9 Q. How so? 10 A. Well, so I'm not a subject matter 11 expert, as I've been saying all day, but there is -- 12 from a data perspective, there's a natural 13 interpretation of the 91 percent number. It's that 14 91 percent of the prescriptions filled by Publix 15 pharmacies were filled after a prescription was 16 flagged by one of these 14 methods. So the 17 prescription subsequently written by a doctor, if 18 it's a doctor flag, or filled by a patient, if it's 19 a patient flag, are flagged. 20 So the way I interpret that 21 91 percent is it tells you -- or imagine a scale 22 with the prescriptions that might have been</p>

<p style="text-align: right;">Page 118</p> <p>1 stopped -- might have been stopped if action were 2 taken on the first flagged prescription written by 3 that doctor or filled by that patient. 4 So 91 percent does sound like a very 5 high number, but it's an important number. If the 6 same calculation resulted in a 5 percent, well, 7 you'd say, 95 percent of these prescriptions would 8 have been filled, at least 95 percent, according to 9 the data, before the first prescription was flagged, 10 and so only 5 percent were filled after those first 11 flagged prescriptions. It doesn't seem like very 12 much in that hypothetical could have been stopped. 13 The 91 percent number makes it seem 14 like an awful lot of prescriptions could have been 15 stopped. 16 So this sort of -- this number 17 telling us how much was filled after versus before 18 the first prescription would have been flagged by 19 that -- for that patient or written by that doctor, 20 I think that that does have an important 21 interpretation. 22 Q. Okay.</p>	<p style="text-align: right;">Page 120</p> <p>1 A. Correct. 2 Q. Okay. 3 So doesn't this mean that a patient 4 without any nonrecurrent red flags could have a 5 recurrent red flag for 2, 6, 8, 10 or 11 simply 6 because they have the same prescriber as another 7 patient who was previously flagged? 8 A. Well, it's not the patients that being 9 flagged there. It's the prescription written by the 10 doctor. 11 So that patient, if it's flagged 12 because of the doctor, not because of the patient, 13 subsequent prescriptions filled by the same patient 14 written by a different doctor are not flagged. 15 You're flagging the doctor's prescriptions from that 16 point forward. 17 And in fact, even in that initial 18 flag, you're flagging the doctor's prescription, not 19 the patient's prescription, in my perspective. 20 Q. Do you know whether there are any 21 patients in your flagging analysis data that have a 22 recurrent red-flag value of 1 for Red Flag 2, 6, 8,</p>
<p style="text-align: right;">Page 119</p> <p>1 For your recurrent analysis, if a 2 prescription was flagged by any of the red-flag 3 methods, all subsequent prescriptions dispensed to 4 the same patient and/or written by the same doctor 5 are also flagged; correct? 6 A. Close. 7 All prescriptions to the same 8 patient if it is a patient-centric flag were 9 flagged, all prescriptions written by the same 10 doctor were subsequently flagged if it's a 11 doctor-centric flag. 12 And I think the flags, we were 13 looking at them earlier, the flags are denoted with 14 a P or a D, and so the recurrent feature is applied 15 either patient or doctor, depending on how they're 16 marked. 17 Q. Okay. 18 But it's -- the code that you use 19 for the recurrent Flags 2, 6, 8, 10 and 11 assign 20 the recurrent variable of value of 1 if the patient 21 has ever had the flag or the prescriber has ever had 22 the flag; correct?</p>	<p style="text-align: right;">Page 121</p> <p>1 10 or 11, but do not have any nonrecurrent flags? 2 A. Almost definitely. I don't know that 3 for a fact, I didn't look at that, but I would be 4 surprised if that's not the case. 5 Q. Okay. 6 Do you know how many patients had 7 zero red flags under either the nonrecurrent or 8 recurrent analysis? 9 A. Not as I sit here. 10 Q. Okay. 11 But you didn't look at it? 12 A. Not that I recall. 13 Q. Do you know how many patients had zero 14 nonrecurrent flags, but at had at least one 15 recurrent red flag? 16 A. I don't think that you're identifying 17 the prescription right because in that fact pattern, 18 it would be the doctor's prescription that is being 19 flagged. It's not being flagged because of anything 20 to do with the patient. 21 Each prescription is connected to 22 both a patient and a doctor, but it's not the --</p>

<p style="text-align: right;">Page 122</p> <p>1 it's not really the patient's identity or attributes 2 in any way that's causing that prescription to be 3 flagged in your example, it's the doctor, and -- 4 Q. But it's showing up in the patient's 5 data, and the question was simply, do you know how 6 many patients had zero nonrecurrent flags, but had 7 at least one recurrent flag, and that's a yes or no 8 question. 9 A. I said no. 10 Q. Okay. All right. 11 MR. LEEDER: Could we -- is it okay 12 if we take a short break? 13 THE WITNESS: Please. 14 MR. LEEDER: Okay. 15 THE VIDEOGRAPHER: Please stand by. 16 We are now off the record. 17 MS. POERSCHKE: How much time do we 18 have on the record? 19 THE VIDEOGRAPHER: 2 hours, 20 36 minutes. 21 MR. LEEDER: 54 minutes. Oh, left? 22 54 left.</p>	<p style="text-align: right;">Page 124</p> <p>1 So, for instance, it doesn't include 2 shipments from manufacturers to distributors, or 3 manufacturers to dispensers. That's what I mean. 4 Q. Okay. 5 It doesn't mean that you are using a 6 subset of the Cobb County data specifically; 7 correct? 8 A. Ah... 9 Q. You're not modifying the Cobb County 10 data that's referenced in this paragraph in any way, 11 shape or form, other than what's being shipped to 12 dispensers in Cobb County; is that fair? 13 A. Correct. 14 Q. Okay. 15 To be clear, you are not offering an 16 opinion as to whether that -- the volume reflected 17 in Paragraph 20 is appropriate or lawful? 18 A. Correct. 19 Q. You note here that "...Dispensers in 20 Cobb County received 329.8 million Dosage Units," 21 and that, "Given the County's 714,564 average 22 population during this time period," that that</p>
<p style="text-align: right;">Page 123</p> <p>1 THE VIDEOGRAPHER: We're now off the 2 record. The time is 1:05 p.m. 3 (RECESS, 1:05 p.m. - 1:18 p.m.) 4 THE VIDEOGRAPHER: We are now on the 5 record. The time is 1:18 p.m. 6 BY MR. LEEDER: 7 Q. Dr. McCann, let's go back to your -- 8 we'll come back to Exhibit 4, but let's go back to 9 the report for a moment. 10 Paragraph 20 on page 7 summarizes 11 the volume of prescription opioids received by 12 "Dispensers in Cobb County" between 2006 and 2019. 13 You note in the opening part of the 14 paragraph that you prepared summary statistic for 15 subsets of the process ARCOS data covering Cobb 16 County. 17 What do you mean by "subsets"? 18 A. I'm sorry. Could you give me the page 19 number. 20 Q. It's at page 7, Paragraph 20. 21 A. Well, by a "subset," I mean I'm not 22 using all of the ARCOS data.</p>	<p style="text-align: right;">Page 125</p> <p>1 amounts to a 754 MMEs for every Cobb County resident 2 from 2006 to 2019; correct? 3 A. Yes. 4 Q. Okay. 5 In your report, you also calculated 6 those figures on a national and state level; 7 correct? 8 A. Yes. I believe so. 9 Q. Let me direct your attention to page 31. 10 So in Paragraph 82, you've 11 calculated the annual MME per capita for each state 12 between 2006 and 2019; correct? 13 A. Yes. 14 Q. Okay. 15 By that metric, if you look at 16 Georgia, it was -- 17 A. Yes. 18 Q. -- ranked 35th with an annual average of 19 885.9 MMEs per resident; true? 20 A. Correct. 21 Q. When you compare that to what you've 22 compared to Cobb County, you would agree with me</p>

<p style="text-align: right;">Page 126</p> <p>1 that the Cobb County average is below the Georgia 2 average MME; correct? 3 A. Correct. 4 Q. Do you recall if you calculated the 5 average MME for any other county in Georgia? 6 A. I don't recall whether I did or not. 7 Probably. It's probably in the data and in the 8 appendices that were provided, but I don't know with 9 certainty. 10 Q. Going back to page 7 of your report, 11 in -- is it fair to say that the summary provided in 12 Paragraph 20 does not distinguish between the volume 13 of prescription opioids dispensed by Publix and all 14 others dispensers in Cobb County? 15 A. Correct. Yes. 16 Q. Do the summary statistics in 17 Paragraph 20 include hospitals? 18 A. Yes. 19 Q. Do the summary statistics in 20 Paragraph 20 include long-term care facilities? 21 A. Yes. 22 Q. Do they also include closed-door</p>	<p style="text-align: right;">Page 128</p> <p>1 Q. Okay. 2 Turning your -- 3 (Clarification requested by the Realtime 4 Stenographer.) 5 A. A dispenser. 6 (McCann Exhibit 5, Appendix 6.11 Pharmacy Ranking, 7 was marked for identification.) 8 Q. I want to turn your attention back to 9 what we have marked as Exhibit 4. It's 10 Appendix 6.11. 11 A. Yes. 12 Q. It's entitled Pharmacy Ranking. This -- 13 I just want to be clear, this particular appendix 14 ranks all the pharmacies -- retail or chain 15 pharmacies in Cobb County by total MME; correct? 16 A. I'm sorry. Which page within -- 17 Q. It's -- if you look at the -- if you 18 just turn to the second page. No, you're -- I think 19 I've got -- oh, you know what, he's got the wrong 20 one. My apologies on that. 21 A. Thank you. 22 Yes.</p>
<p style="text-align: right;">Page 127</p> <p>1 pharmacies? 2 A. Yes. 3 Q. Are there any dispensers excluded from 4 the statistics in Paragraph 20? 5 A. Not the way we've defined dispensers 6 anyway. 7 Q. Okay. 8 How do you define dispensers? 9 A. Well, there was a list that we identify 10 in a footnote somewhere here of the buyer business 11 activities that we interpreted to be involved in 12 providing drugs for consumption as opposed to -- 13 domestic consumption as opposed to, for instance, 14 research or destruction or export. 15 And so there's a list of around 40 16 buyer business activities that we think involved, 17 like the examples that you just gave, the 18 closed-door pharmacy or the long-term care facility 19 or retailer chain pharmacy, where the drugs are 20 being passed on to individuals to consume. 21 So that's how we defined a 22 dispenser.</p>	<p style="text-align: right;">Page 129</p> <p>1 Q. Okay. 2 Is my description accurate? 3 A. I'm sorry. Would you give it to me 4 again, please. 5 Q. Sure. 6 So this is ranking of all retail and 7 chain pharmacies in Cobb County by total MME between 8 2006 and 2019; correct? 9 A. Correct. 10 Q. As part of your work in this case, were 11 you asked to run any of your flagging methods 12 against any pharmacies besides Publix? 13 A. Well, at some point during the 14 litigation, there were other pharmacies involved, 15 including Kroger, which settled out right at the 16 time I was filing the expert report. So the answer 17 is certainly, yes. Even in what was produced in 18 this case, there's analysis of Kroger prescriptions. 19 Q. You beat me to the punch to a certain 20 degree. 21 You, early on in this case, did a -- 22 there used to be additional Defendants in this case;</p>

<p style="text-align: right;">Page 130</p> <p>1 correct?</p> <p>2 A. Correct. Correct.</p> <p>3 (McCann Exhibit 6, Summary of Publix Dispensing</p> <p>4 Red-Flag Analysis, Cobb County, GA, Nonrecurrent,</p> <p>5 was marked for identification.)</p> <p>6 Q. I'm going to show you what I'm -- I'm</p> <p>7 marking this as Group Exhibit 6. These are the</p> <p>8 summaries that you prepared for CVS, Walmart,</p> <p>9 Walgreens, Kroger and Publix in December of 2022,</p> <p>10 and Rite Aid, I believe.</p> <p>11 A. Okay.</p> <p>12 Q. Do you still stand by those analyses?</p> <p>13 A. Well, I don't know that anything has</p> <p>14 changed since 2022 when these were first created. I</p> <p>15 know that our report was finalized and submitted</p> <p>16 January of 2024, and other than Publix and Kroger,</p> <p>17 these are not in there, so I don't know whether I</p> <p>18 stand by them or not.</p> <p>19 Q. Okay.</p> <p>20 But you admit that you prepared</p> <p>21 them?</p> <p>22 A. Yes.</p>	<p style="text-align: right;">Page 132</p> <p>1 no, I did not.</p> <p>2 Q. Okay.</p> <p>3 A. Not that I'm aware of, anyway.</p> <p>4 Q. Some question for Carter's Pharmacy,</p> <p>5 number 2 on the list, 280 --</p> <p>6 A. Same answer. I did not.</p> <p>7 Q. Okay.</p> <p>8 A. Or at least not that I'm aware of.</p> <p>9 Q. Okay.</p> <p>10 Would your answer be the same --</p> <p>11 whether -- excluding Publix and the pharmacies that</p> <p>12 I just identified in your earlier red-flag</p> <p>13 summaries, would it be fair to say that you didn't</p> <p>14 conduct a red-flag analysis of any pharmacy other</p> <p>15 than the ones that we've already discussed?</p> <p>16 A. Right. Well, I didn't get dispensing</p> <p>17 data from any of them. It's only Defendants in the</p> <p>18 case that produced dispensing data, so I couldn't</p> <p>19 have. I wasn't asked to, but I couldn't have</p> <p>20 anyway.</p> <p>21 Q. As a follow-up to that, you didn't run</p> <p>22 any of the SOMS methods against the orders that were</p>
<p style="text-align: right;">Page 131</p> <p>1 Q. Okay.</p> <p>2 Did you run -- were you -- did you</p> <p>3 run any of your flagging methods, and I mean this --</p> <p>4 I should probably break this up.</p> <p>5 Did -- if you look at the listing in</p> <p>6 Appendix 6.11, there are -- the top five pharmacies</p> <p>7 are, by your designation, all retail pharmacies;</p> <p>8 correct?</p> <p>9 A. Yes.</p> <p>10 Q. Did you -- were you asked to run your</p> <p>11 red-flag analysis against Lacey's Marietta Pharmacy?</p> <p>12 A. I'm sorry. Let me just clarify my prior</p> <p>13 answer.</p> <p>14 It's really the type that you</p> <p>15 identified Lacey's as -- with an R, as being a</p> <p>16 retail pharmacy. That's the ARCOS classification of</p> <p>17 that pharmacy.</p> <p>18 But I also understand that according</p> <p>19 to NPI, the other source of whether something is a</p> <p>20 retail or a chain pharmacy, it's probably identified</p> <p>21 as a retail pharmacy.</p> <p>22 But the answer to your question is,</p>	<p style="text-align: right;">Page 133</p> <p>1 shipped to any of these pharmacies?</p> <p>2 A. I think that's very likely the case. I</p> <p>3 guess the big three distributors, or the</p> <p>4 distributors were not in this case at any point in</p> <p>5 time. If they were, then we would have run a</p> <p>6 distributor SOMS to those independent pharmacies,</p> <p>7 but we -- I don't believe we did.</p> <p>8 I don't know that with certainty,</p> <p>9 but I don't believe so.</p> <p>10 Q. Plaintiffs didn't ask you to run any of</p> <p>11 that analysis, correct, to the extent you were able</p> <p>12 to?</p> <p>13 A. Right. I'm not aware that they did.</p> <p>14 Q. Are you offering an opinion on whether</p> <p>15 any manufacturer, distributor or pharmacy</p> <p>16 oversupplied opioids in Cobb County or elsewhere in</p> <p>17 the country?</p> <p>18 A. No.</p> <p>19 Q. Are you offering an opinion on whether</p> <p>20 any manufacturer, distributor or pharmacy caused an</p> <p>21 opioid crisis in Cobb County or elsewhere in the</p> <p>22 country?</p>

<p style="text-align: right;">Page 134</p> <p>1 A. No.</p> <p>2 Q. Have you undertaken any analysis for the</p> <p>3 Plaintiffs in Track 8 to determine whether any --</p> <p>4 sorry.</p> <p>5 (Clarification requested by the Realtime</p> <p>6 Stenographer.)</p> <p>7 Q. For the Plaintiffs in Track 8 to</p> <p>8 determine whether any flagged order or prescription</p> <p>9 caused the Plaintiff harm?</p> <p>10 A. No.</p> <p>11 Q. Did you do any work to determine the</p> <p>12 percentage of opioid prescriptions compared to all</p> <p>13 prescriptions for the Publix stores in Cobb County?</p> <p>14 A. No.</p> <p>15 Q. Okay. Were you ever given Publix C2</p> <p>16 poll reports?</p> <p>17 A. Not that I'm aware.</p> <p>18 Q. Okay.</p> <p>19 Have you done any work to compare</p> <p>20 the results of your red-flag analysis or your SOMS</p> <p>21 flagging analysis to the work that you've done in</p> <p>22 any other jurisdiction?</p>	<p style="text-align: right;">Page 136</p> <p>1 in your Track 8 report?</p> <p>2 A. Yes.</p> <p>3 Q. Let me direct your attention to</p> <p>4 page 121.</p> <p>5 A. Yes.</p> <p>6 Q. You note you reported the market share</p> <p>7 of Distributor Defendants and Chain Pharmacy</p> <p>8 Defendants in Cobb County; correct?</p> <p>9 A. Yes.</p> <p>10 Q. Okay.</p> <p>11 Now, turning to page 44,</p> <p>12 specifically, Table 19...</p> <p>13 A. Yes.</p> <p>14 Q. Okay. Is this intended to show the</p> <p>15 distributor market share by dosage unit in Cobb</p> <p>16 County from 2006 to 2019?</p> <p>17 A. Yes.</p> <p>18 Q. Okay.</p> <p>19 Does this include shipments to any</p> <p>20 dispensers other than chain and retail pharmacies in</p> <p>21 Cobb County?</p> <p>22 A. No.</p>
<p style="text-align: right;">Page 135</p> <p>1 A. No.</p> <p>2 Q. That would include cases in the MDL and</p> <p>3 state court cases?</p> <p>4 A. Yes.</p> <p>5 Q. Okay.</p> <p>6 Do you know the extent to which</p> <p>7 opioid orders shipped or received by non-Defendant</p> <p>8 pharmacies contributed to the opioid crisis?</p> <p>9 A. No.</p> <p>10 Q. Your flagging analysis is presented in</p> <p>11 the aggregate, not at the store level; is that</p> <p>12 correct?</p> <p>13 A. Well, in the summary tables that are in</p> <p>14 the narrative portion of the report, yes, but there</p> <p>15 is -- high level of detail is available in the</p> <p>16 appendices.</p> <p>17 Q. Okay.</p> <p>18 Did you do any analysis to determine</p> <p>19 whether your flagged orders are in any way connected</p> <p>20 to your flagged prescriptions?</p> <p>21 A. No.</p> <p>22 Q. Do you provide a market share analysis</p>	<p style="text-align: right;">Page 137</p> <p>1 Q. So you exclude closed-door pharmacies?</p> <p>2 A. Correct.</p> <p>3 Q. Long-term care facilities?</p> <p>4 A. Correct.</p> <p>5 Q. Clinics?</p> <p>6 A. Correct.</p> <p>7 Q. Hospitals?</p> <p>8 A. Yes.</p> <p>9 Q. Okay.</p> <p>10 So this is only really intended to</p> <p>11 reflect a distributor market share based on chain</p> <p>12 and retail -- shipments to chain and retail</p> <p>13 pharmacies alone; correct?</p> <p>14 A. Correct.</p> <p>15 Q. Did you at any point calculate a market</p> <p>16 share that doesn't include -- excuse me, doesn't</p> <p>17 exclude other dispensers in Cobb County?</p> <p>18 A. I don't recall. We may have -- we may</p> <p>19 have done a market share calculation using both the</p> <p>20 ARCOS definition and the NPI definition of retail</p> <p>21 and chain pharmacy, but I don't recall that we did a</p> <p>22 distributor market share -- no, that's not right.</p>

<p style="text-align: right;">Page 138</p> <p>1 We would have done a distributor market share at 2 least in the detailed appendices. 3 Q. I'm not trying to play -- I just wanted 4 to test your recollection, but is that the report 5 that you're referencing? 6 A. Yeah. I mentioned earlier, maybe in 7 questioning from Mr. Torres, we have reports that I 8 think of as manufacturer reports or labeler reports, 9 distributor reports and pharmacy reports. The 10 high-level distributor report gives you market 11 shares to any user, I believe, in the ARCOS data. 12 Q. Okay. 13 A. I'm sorry. That's not right. 14 To all dispensers in the ARCOS data, 15 but not limited to just retail and chain pharmacies 16 like the table in the report we were just looking at 17 does. 18 Q. Okay. 19 (McCann Exhibit 7, Appendix 6.6 Distributor Report, 20 was marked for identification.) 21 Q. So I've just handed you what I have 22 marked as Exhibit 7. This is Appendix 6.6 to your</p>	<p style="text-align: right;">Page 140</p> <p>1 calculate a market share, isn't it, for the entire 2 county? 3 MS. POERSCHKE: Object to the form. 4 A. Yeah. I don't think that's right. I 5 don't -- 6 Q. You don't think it's appropriate to 7 include everyone? 8 A. Well, as we do here, but if the issue 9 is -- and this is something perhaps for the subject 10 matter expert, but if the issue is diversion, and 11 diversion is more likely to occur at retail 12 pharmacies as opposed to an assisted-living 13 facility, then the market share for retail and chain 14 pharmacies is more relevant. 15 I have reported the results both 16 ways, but I can see some reason why the market share 17 with dispensers -- of dispensers that have a 18 storefront being a relevant metric, but that's for a 19 subject matter expert to discuss with you. 20 Q. Now, did you also calculate market share 21 by MME? 22 A. I believe so.</p>
<p style="text-align: right;">Page 139</p> <p>1 report. 2 Is this the distributor market share 3 analysis that you were just referencing? 4 A. Yes. 5 Q. Okay. 6 If I draw your attention, the first 7 page of the actual table or chart shows 14 opioid 8 drugs market share by company in Cobb County, 9 Georgia, and that shows a Publix Super Market market 10 share of 5.35 percent; is that correct? 11 A. Yes. 12 Q. Now, when you compare that to what's -- 13 I just want to make sure I understand what we're 14 looking at. 15 When you compare that to what's in 16 Table 19, that's a lower market share than 6.4; 17 correct? 18 A. Yes. 19 Q. So when you include everyone that was 20 dispensing opioids, it's a natural occurrence that 21 you include everybody that's dispensing opioids in 22 Cobb County, that that's the most appropriate way to</p>	<p style="text-align: right;">Page 141</p> <p>1 Q. Okay. 2 If that -- would it be reasonable to 3 say that if the market share went down, the 4 dosage-unit-to-MME comparison, that that would 5 indicate that Publix was dispensing -- or excuse me, 6 distributing lower strength opioids? 7 A. Yes. 8 Q. Okay. 9 I want to take your attention to -- 10 so, now, I want to look at Table 20. Again, that's 11 on page 44. 12 A. Yes. 13 Q. Now, Table 20, you're also trying to 14 calculate a market share as well; correct? 15 A. Yes. 16 Q. What is this intended to reflect? 17 This is just dispensing market 18 share; correct? 19 A. Well, it's not dispensing, but it should 20 be highly correlated, right. It's the receipts at 21 the loading dock, at the back of the pharmacy, 22 whatever distributor delivered the product.</p>

<p style="text-align: right;">Page 142</p> <p>1 Q. So is that why the number increases</p> <p>2 because you're including shipments to Publix</p> <p>3 pharmacies from other distributors besides the</p> <p>4 Publix warehouse?</p> <p>5 A. Well, it's that and that -- that</p> <p>6 Publix -- one way to think about it, I guess, is</p> <p>7 that Publix self-distributed less than the other</p> <p>8 chain pharmacies on average; CVS, Walgreens, Kroger.</p> <p>9 They may have been more involved as a distributor</p> <p>10 than Publix was, as a function of how much they</p> <p>11 dispensed.</p> <p>12 Q. Just want to clarify a couple of things.</p> <p>13 In this case, you are not offering</p> <p>14 an opinion that any manufacturer, distributor or</p> <p>15 pharmacy created the opioid crisis; correct?</p> <p>16 A. Correct.</p> <p>17 Q. Contributed to the opioid crisis?</p> <p>18 A. Correct.</p> <p>19 Q. Maintained the opioid crisis?</p> <p>20 A. Correct.</p> <p>21 Q. Was a substantial factor of the opioid</p> <p>22 crisis?</p>	<p style="text-align: right;">Page 144</p> <p>1 that title?</p> <p>2 A. Not necessarily. I'm just using -- I'm</p> <p>3 defining that term because I refer to it later in</p> <p>4 this document.</p> <p>5 Q. Okay.</p> <p>6 The one thing I did find was</p> <p>7 Appendix 10B, which was titled Pharmacy Notes,</p> <p>8 Tools, Publix.</p> <p>9 Is that likely to be it?</p> <p>10 A. Yes.</p> <p>11 Q. Okay.</p> <p>12 In creating that spreadsheet, you</p> <p>13 link the prescription images to the prescription</p> <p>14 samples; correct?</p> <p>15 A. Yes.</p> <p>16 Q. Did you review the images for any</p> <p>17 information?</p> <p>18 A. I don't think so. I think it was --</p> <p>19 they were just linked based on a key, an ID number</p> <p>20 that Publix gave us in the metadata telling us to</p> <p>21 attach these images to these sample prescriptions.</p> <p>22 I believe that's all we did.</p>
<p style="text-align: right;">Page 143</p> <p>1 A. Correct.</p> <p>2 Q. Was a significant interference with</p> <p>3 public health and safety?</p> <p>4 A. Correct.</p> <p>5 Q. Okay.</p> <p>6 All right. I want to direct your</p> <p>7 attention to page 116 of your report.</p> <p>8 Paragraph 196, you say, "...I</p> <p>9 created a spreadsheet (hereafter 'Prescription</p> <p>10 Summary') that contains the Dispensing Data for the</p> <p>11 Selected Sample Prescriptions in Cobb County"; is</p> <p>12 that right?</p> <p>13 A. Yes.</p> <p>14 Q. You refer to those as -- you define them</p> <p>15 as a prescription summary; right?</p> <p>16 A. Yes.</p> <p>17 Q. I could not locate in any appendix or</p> <p>18 attachment any index or -- excuse me, let me start</p> <p>19 over.</p> <p>20 I could not locate any appendix or</p> <p>21 attachment titled Prescription Summary.</p> <p>22 Do you believe there is one with</p>	<p style="text-align: right;">Page 145</p> <p>1 Q. So you didn't extract any information</p> <p>2 from them, either?</p> <p>3 A. Not that I recall. I think that we just</p> <p>4 created hyperlinks in the Excel file so that someone</p> <p>5 could click on the hyperlink and see the scanned</p> <p>6 document.</p> <p>7 Q. Okay.</p> <p>8 Looking at -- let me turn your</p> <p>9 attention to Section XII of your report, the</p> <p>10 discussion on random sampling and its confidence</p> <p>11 interval on page 118.</p> <p>12 You were asked to provide an</p> <p>13 illustration of the method that could be used;</p> <p>14 correct?</p> <p>15 A. Correct.</p> <p>16 Q. You are not offering an opinion about</p> <p>17 the percentage of prescriptions that did or did not</p> <p>18 have adequate due diligence, are you?</p> <p>19 A. I am not.</p> <p>20 Q. Okay.</p> <p>21 We touched on this earlier. In</p> <p>22 Paragraph 201, you reference a random sample of 400</p>

<p style="text-align: right;">Page 146</p> <p>1 and 391 observations, and I think the 400 is a 2 reference to Kroger. 3 The reference to 391 observations is 4 because you removed nine observations that were tied 5 to the Store 541 that we discussed earlier; is that 6 correct? 7 A. I'm not sure if we removed them or 8 Publix removed them. 9 Q. Okay. 10 A. We sampled some prescriptions, and we 11 received back data, I think, on 391 from Publix, and 12 then when we investigated, the nine missing were all 13 from one store, and we understand that that store, 14 what county it was in was in dispute, and maybe it 15 changed at some point in time. And so I think that 16 explains why we have 391 instead of 400 -- 17 Q. Okay. 18 A. -- for Publix. 19 Q. In Paragraph 205, you say -- you write, 20 "For example, if 380 (or 95 percent) of the 400 21 prescriptions in an annual sample have inadequate 22 due diligence based on the Pharmacist Expert's</p>	<p style="text-align: right;">Page 148</p> <p>1 it wasn't limited to a single year; correct? 2 A. Oh, definitely. 3 Q. Okay. 4 A. Yes. Yes. No, we didn't get 400 or 391 5 prescriptions each year. We got it for the entirety 6 of the period. 7 Q. Okay. 8 You have had any -- have you had any 9 discussions with anyone about the number of the 391 10 sample prescriptions that had -- whether they had 11 adequate or inadequate due diligence? 12 A. No. 13 Q. Okay. 14 You reference in Paragraph 205 a 15 pharmacist expert. 16 What does that mean to you, 17 "pharmacist expert"? 18 A. Well, it's the subject matter expert 19 being proffered by the Plaintiff in this case. 20 Q. In this instance, do you believe that to 21 be Mr. Catizone? 22 A. That's my understanding.</p>
<p style="text-align: right;">Page 147</p> <p>1 review, than at a 95 percent confidence level, the 2 likelihood of inadequate due diligence (or failure 3 to document due diligence) on flagged prescriptions 4 is at least 92.36 percent." 5 Did I read that correctly? 6 A. Yes. 7 Q. Okay. 8 Why do you say that it was an annual 9 sample; is it your understanding that these notes 10 only came from a one-year period? 11 A. No. I think that that's just drafting. 12 Q. You believe that's an error? 13 A. I believe it's a drafting error. Let me 14 just read it. I don't think the word "annual" 15 belongs in there. 16 Yeah. I think it's just the word 17 "annual." I'm not sure. There's a similar sentence 18 in another paragraph, and it's not there. The word 19 "annual," I just think that it's -- I think it's a 20 drafting error that I didn't pick up. 21 Q. So your understanding is that the 22 production of this data did span a period of time,</p>	<p style="text-align: right;">Page 149</p> <p>1 Q. Okay. 2 MR. LEEDER: Do you mind if we take 3 quick break? Okay. 4 THE VIDEOGRAPHER: Please stand by. 5 We are now off the record. The time 6 is 1:48 p.m. 7 (RECESS, 1:48 p.m. - 1:55 p.m.) 8 THE VIDEOGRAPHER: We are now on the 9 record. The time is 1:55 p.m. 10 (McCann Exhibit 8, 5.13.2024, McCann invoice, CT8, 11 was marked for identification.) 12 BY MR. LEEDER: 13 Q. Dr. McCann, thanks for your patience. 14 I'm going to show you what I have marked as 15 Exhibit 8. 16 A. Thank you. 17 Q. This is a copy of your invoices for 18 professional services for the Track 8 case; is that 19 right? 20 A. Yes. 21 Q. Okay. 22 Does this reflect all of the work</p>

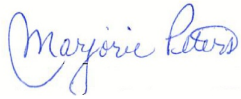
<p style="text-align: right;">Page 150</p> <p>1 that was done specific for the preparation and 2 drafting of the Track 8 report? 3 A. Excuse me. 4 Yes. 5 Q. Okay. I'll excuse you. 6 Other than the amounts reflected in 7 this report, how much has your firm made for the 8 work that you've done in the opioid MDL generally? 9 A. I don't know. 10 Q. This is -- this two-page document is the 11 sum total of your invoices? 12 A. Yes. 13 Q. Okay. 14 A. For this case, yes. 15 Q. Okay. 16 All right. I just want to close the 17 loop on one more issue. 18 I've touched on some of these 19 previously, and I don't mean to belabor the point, 20 but I want to make sure I covered them all. 21 I want to confirm that you are not 22 an expert generally in opioids; correct?</p>	<p style="text-align: right;">Page 152</p> <p>1 MR. LEEDER: I believe that I am 2 done for the day, but we have a little bit of time 3 left, and I'm going to give it to my co-counsel. 4 So thank you for your time. 5 THE WITNESS: Thank you. 6 MR. TORRES: Let's go off. 7 THE VIDEOGRAPHER: We're now off the 8 record. The time is 1:57 p.m. 9 (RECESS, 1:57 p.m. - 2:04 p.m.) 10 THE VIDEOGRAPHER: We're now on the 11 record. The time is 2:04 p.m. 12 MR. TORRES: Thank you. 13 RE-EXAMINATION 14 BY MR. TORRES: 15 Q. Christopher Torres again for Albertsons. 16 Dr. McCann, did Joseph Rannazzisi 17 provide any facts, data or information to you or 18 your team in connection with the preparation of your 19 expert report in the CT9 matter? 20 A. I'm not sure. He may have asked us to 21 produce particular reports which we included in the 22 appendices, but I don't know that for a fact.</p>
<p style="text-align: right;">Page 151</p> <p>1 A. Correct. 2 Q. Pharmacy practice? 3 A. Correct. 4 Q. Distribution of opioids? 5 A. Correct. 6 Q. Dispensing of controlled substances? 7 A. Correct. 8 Q. The applicable laws and regulations 9 relating to the distribution of controlled 10 substances? 11 A. Correct. 12 Q. Diversion of controlled substances? 13 A. Correct. 14 Q. Drug abuse or addiction? 15 A. Correct. 16 Q. Suspicious order monitoring? 17 A. Correct. 18 Q. What -- and you are also not an expert 19 in what the Federal or Georgia authorities consider 20 a red flag in the context of an opioid prescription? 21 A. Correct. 22 Q. Okay.</p>	<p style="text-align: right;">Page 153</p> <p>1 Q. Is this something that you just don't 2 remember; is that what you're saying to me? 3 A. Well, in some cases, he's asked us to -- 4 through counsel, primarily, I think, to produce some 5 summaries of activity at particular pharmacies -- 6 Q. Mm-hmm. 7 A. -- and sometimes of particular drugs. 8 And I believe we produced similar exhibits in this 9 case. I don't know whether they came as a -- that 10 they were produced as a result of our request for 11 Mr. Rannazzisi or not. 12 Q. Do you know what particular drugs he 13 asked you to consider in connection with your report 14 in the CT9 matter? 15 A. Well, we considered all 14 drugs, but he 16 asked -- he may have asked for some summaries of 17 shipments, or -- yeah, shipments of a particular 18 drug and drug strength, I just don't -- I don't 19 recall. 20 I recall seeing such exhibits, and 21 I'm not even sure as I sit here whether it was CT8 22 or CT9 where I saw them, or both, and they look like</p>

<p style="text-align: right;">Page 154</p> <p>1 exhibits that Mr. Rannazzisi had requested before 2 through counsel, and so he may have requested them 3 here as well, I just don't know. 4 Q. Okay. 5 Going back to the red-flag 6 computations in Section X of your expert report, our 7 Exhibit Number 1, I just have a couple of quick 8 questions on that. Page 94, if you want to go to 9 it. 10 A. Yes. 11 Q. You did not offer any opinions on the 12 effectiveness of the red-flag algorithms in your 13 report to test the question of whether there was 14 adequate supervision of orders; is that right? 15 A. I'm sorry. 94, now we're talking about 16 the dispensing red flags? 17 Q. Yes. 18 A. I'm sorry. Did you mean to connect that 19 with the shipments, the orders from pharmacies? 20 Q. No. 21 All I'm asking is whether you're 22 offering any opinion on the effectiveness of the</p>	<p style="text-align: right;">Page 156</p> <p>1 You are not offering any opinions on 2 whether the red-flag analyses in your report can 3 detect suspicious dispensing transactions; is that 4 right? 5 A. Correct. 6 Q. Okay. 7 Did anyone tell you whether there 8 were any Texas laws or regulations regarding red 9 flags for Texas pharmacists? 10 A. No. 11 Q. In report Section XI on page 99 -- 12 A. Yes. 13 Q. -- you describe 400 selected sample 14 prescriptions. 15 Did you perform any analysis to 16 determine whether a sample size of 400 prescriptions 17 is large enough to be adequately representative of 18 the population of flagged opioid prescriptions? 19 A. Yes. 20 Q. What was that analysis? 21 A. Oh, I forget the precise details, but 22 back early on, there was a fair bit of back and</p>
<p style="text-align: right;">Page 155</p> <p>1 red-flag algorithms in your report to test the 2 question of whether there was adequate supervision 3 of orders. 4 A. Well, it's the "orders" term that I'm 5 getting confused by. 6 Do you mean adequate supervision of 7 prescriptions being filled? 8 Q. Yes. 9 A. Yes. Yes. 10 No, I did not. 11 Q. Okay. Yes, you mean no? 12 A. Ah... 13 Q. I'll ask the question one more time -- 14 A. All right. 15 Q. -- just so we can have it clear for the 16 record. 17 You did not offer any opinions on 18 the effectiveness of red-flag algorithms in your 19 report to test the question of whether there was 20 adequate supervision of dispensing; is that right? 21 A. Correct. 22 Q. Okay.</p>	<p style="text-align: right;">Page 157</p> <p>1 forth with Special Master Cohen through the lawyers 2 about how large a sample was required. And the way 3 a lawyer might pose that question would be how large 4 does a random sample have to be to be statistically 5 reliable? 6 That's not the way a statistician 7 thinks of the issue, because the correct way, I 8 think, to frame the question is: How large a margin 9 of error is there around your point estimate for 10 different sample sizes? And roughly speaking, a 11 sample size of 400 will have half the error -- 12 standard error as the sample of 100. It roughly 13 declines with the square root of the size. 14 And so, in some contexts, you might 15 need to have the uncertainty around a point estimate 16 down almost to zero, in which case, you would want a 17 really big sample, but in some cases, a range of 18 uncertainty maybe at the 95 percent confidence level 19 of plus or minus 10 percent would be adequate, or 20 plus or minus 5 percent would be adequate. 21 So what we did was we provided to 22 the Court, through counsel, that range, 95 percent</p>

<p style="text-align: right;">Page 158</p> <p>1 range of uncertainty around a point estimate for 2 different sample sizes, 100, 200, 400, 800, 1600. 3 And so that's just sort of arithmetic. 4 And the Court and the attorneys 5 agreed on a sample size of 400. So we provided kind 6 of the trade-offs, and someone else made the 7 judgment about how large the sample size was 8 adequate. 9 And then applying the same basic 10 methodology, we report on what the range of 11 uncertainty is at the 95 percent confidence level 12 around point estimates for a sample size of 400, and 13 that's what ends up in the appendix or in the -- 14 yeah, in the appendix, but that same basic 15 information was provided to the Court at different 16 sample sizes, 100, 200, 800, 1600, and the Court 17 chose 400. 18 Q. Did you have any involvement with the 19 sample selection? 20 A. Yes. I believe we randomly selected 21 from the flagged prescriptions. 22 Q. Okay.</p>	<p style="text-align: right;">Page 160</p> <p>1 by buy -- excuse me -- by buyer business activity? 2 A. So that seems to be what's here. 3 What is it? Maybe I didn't 4 understand your question. Could you ask again, 5 please. 6 Q. Absolutely. 7 Regarding the data in report 8 Table 7, did you analyze MME per dosage unit by 9 buyer business activity? 10 A. No, but it seems trivial, right. The 11 two columns that you need are here, and you would 12 just divide the MME column by the Dosage Units 13 column for each buyer business activity. 14 We didn't do -- calculate that 15 ratio, but it seems like it's here. 16 Q. Okay. 17 (McCann Exhibit 9, Table 7 - Transactions in ARCOS 18 Date - MME per Dosage Unit, was marked for 19 identification.) 20 Q. I'm going to hand you what I have marked 21 as Exhibit 9, and this was a chart I created. 22 A. Thank you.</p>
<p style="text-align: right;">Page 159</p> <p>1 A. I'm sorry. 2 It's -- it may have been Special 3 Master Cohen who effectively chose because you've 4 got a random number generator that requires what 5 they call a seed, and I believe that seed was -- 6 (Clarification requested by the Realtime 7 Stenographer.) 8 A. Yes. 9 A value that kind of keys the 10 generation of the random numbers, and really, 11 anybody could have provided it. My daughter could 12 have provided it. It's just starting the random 13 number generation. I think that was provided by the 14 Court. 15 So we had some role, but we weren't 16 the sole entity involved. 17 Q. Okay. 18 Can you turn, sir, to Table 7 of 19 your report, which is page 28. 20 A. Yes. 21 Q. Regarding the data in Table 7, did you 22 analyze MME per dosage unit by business activity --</p>	<p style="text-align: right;">Page 161</p> <p>1 Q. I did exactly what you just suggested I 2 could do, which was divide MME by dosage units to 3 come up with an MME per dosage unit. 4 Did you ever advise Plaintiffs' 5 counsel in any cases to pursue any buyer businesses 6 with higher MMEs per dosage unit than the chain 7 pharmacies? 8 A. I didn't advise the Plaintiffs to pursue 9 any buyer business activity one way or the other. 10 Q. Have you ever had a conversation with 11 any other expert in this case regarding MME per 12 dosage units as -- in connection with the buyer 13 business activities? 14 A. No. 15 Q. Earlier, I think, with Mr. Leeder, when 16 you were talking, he asked whether a higher MME per 17 dosage unit would mean that the drugs were higher 18 strength. 19 Do you remember that? 20 A. Yes. 21 Q. Okay. 22 You believed that to be the case,</p>

<p style="text-align: right;">Page 162</p> <p>1 that a dosage unit with a higher MME is a higher 2 strength drug?</p> <p>3 A. Yes. I am not expressing that as an 4 expert, a subject matter expert, but that's my 5 general understanding. That's the context of these 6 calculations, I believe.</p> <p>7 Q. Okay.</p> <p>8 Can we turn to your report, Table 13 9 on page 34.</p> <p>10 Regarding the data in report 11 Table 13, did you analyze MME per dosage unit by 12 buyer business activity?</p> <p>13 A. No.</p> <p>14 (McCann Exhibit 10, Table 13 - Transactions in 15 Tarrant County - MME per Dosage Unit, was marked for 16 identification.)</p> <p>17 Q. I'm going to hand you charts that I 18 created, Exhibit 10.</p> <p>19 A. Thank you.</p> <p>20 Q. Of course.</p> <p>21 MS. POERSCHKE: Is there a way you 22 can show those?</p>	<p style="text-align: right;">Page 164</p> <p>1 Well, there aren't dosage units for 2 some opioids, or some formulations, so it could just 3 mean that that particular buyer business activity is 4 buying opioids that don't include dosage units.</p> <p>5 And so you have a high MME, but it's 6 really an issue with the data. The data doesn't 7 include a dosage unit number.</p> <p>8 So both with your Exhibit 9 and 9 Exhibit 10, what you might be picking up here is 10 buyer business activities that are receiving a 11 particular formulation of opioids, not that they're 12 receiving higher strength opioids.</p> <p>13 Q. Did you perform any analysis by dividing 14 calculated base weight in grams by dosage units?</p> <p>15 A. I would have the same problem, has 16 exactly the same problem that I've just identified 17 for you with the MME, because the problem is the 18 missing dosage units for some of the formulations.</p> <p>19 Q. Including in calculated base weights in 20 grams?</p> <p>21 A. No. The numerator in both of these 22 ratios, MME and calculated base weight in grams per</p>
<p style="text-align: right;">Page 163</p> <p>1 MR. TORRES: Yes, I can. I'll put 2 it here. I have an extra copy.</p> <p>3 Can you see that, Page?</p> <p>4 MS. POERSCHKE: Yes. Thank you.</p> <p>5 MR. TORRES: Okay. Of course.</p> <p>6 BY MR. TORRES:</p> <p>7 Q. Dr. McCann, did you ever advise 8 Plaintiffs' counsel in the Tarrant County case to 9 pursue any buyer businesses with higher MMEs per 10 dosage units --</p> <p>11 A. No.</p> <p>12 Q. -- than the chain pharmacies?</p> <p>13 A. No. I think you're not interpreting 14 this data correctly, but I guess the answer to your 15 question is no.</p> <p>16 Q. Okay.</p> <p>17 Why am I misinterpreting these data?</p> <p>18 A. Well, look at Exhibit 10 that you've 19 just shown me. The MLP-Ambulance Service column bar 20 is the ratio of, in Table 13, the MME, which is 21 2,951,440, divided by 300. I guess that's how you 22 described your calculation.</p>	<p style="text-align: right;">Page 165</p> <p>1 dosage unit, is available.</p> <p>2 The problem is that the denominator, 3 the dosage units, is not available for some 4 formulations.</p> <p>5 And so these very high bars that you 6 are showing, I believe, reflect not particularly 7 strong opioids, but that their formulations don't 8 include dosage units in the ARCOS data.</p> <p>9 Q. Is your Table 13 incomplete in any way?</p> <p>10 A. I don't think so. You could have added 11 the column that you're suggesting now, this ratio.</p> <p>12 I -- as I said, I don't think that that's right.</p> <p>13 I haven't thought about it until you 14 raised it, and we're talking about it now, but 15 that's really what is driving these -- I believe, 16 I'd have to go back and look at it, but these much 17 higher bars that you have for three or four tiny 18 buyer business activities in Exhibit 9 and 10 are 19 coming from the fact that there aren't dosage units 20 in the shipments to those buyer business activities 21 in the ARCOS data, I believe. I don't know that for 22 certain, but feel very strongly that that's the</p>

<p style="text-align: right;">Page 166</p> <p>1 case.</p> <p>2 Q. Did you analyze why MME per dosage unit</p> <p>3 for Tarrant County chain pharmacies was lower than</p> <p>4 MME per dosage unit for national chain pharmacies?</p> <p>5 A. No.</p> <p>6 Q. Does the fact that MME per dosage unit</p> <p>7 for Tarrant County chain pharmacies are lower than</p> <p>8 MME per dosage unit for national chain pharmacies</p> <p>9 cause you to rethink any of the opinions in your</p> <p>10 report?</p> <p>11 A. No.</p> <p>12 Q. Did you compare Tarrant County's average</p> <p>13 annual MME per capita against average annual MME per</p> <p>14 capita for all other Texas counties?</p> <p>15 A. I don't recall that in the report, but</p> <p>16 we do have some reports, and they may be in the</p> <p>17 appendices, that show -- I think we called them</p> <p>18 state reports, but I'm not 100 percent sure of that.</p> <p>19 It's certainly available on our</p> <p>20 website where you can see the MME per capita by</p> <p>21 county within each state. I feel pretty certain</p> <p>22 that that is something that we have produced</p>	<p style="text-align: right;">Page 168</p> <p>1 through 71?</p> <p>2 A. I don't believe so. Not that I recall.</p> <p>3 Q. Can you explain why MME per dosage unit</p> <p>4 is higher for all nonflagged transactions than it is</p> <p>5 for flagged transactions in your report Tables 18</p> <p>6 through 53.</p> <p>7 A. Well, I don't know that that's the case,</p> <p>8 but I haven't investigated it, if it is.</p> <p>9 Q. Is -- did you ever analyze that?</p> <p>10 A. What you said doesn't seem to be true,</p> <p>11 so based on this demonstrative you've put in front</p> <p>12 me, but in any case, I haven't done it.</p> <p>13 Q. You don't think it's true?</p> <p>14 A. Well, as I read this -- maybe I</p> <p>15 misunderstood your question.</p> <p>16 I thought you were saying that the</p> <p>17 MME per dosage unit is high -- always higher for the</p> <p>18 not-flagged than for the flagged. And that's not</p> <p>19 true. Some of these methods have taller blue bars</p> <p>20 than black bars. Some of them have taller black</p> <p>21 bars than blue bars. I'm not -- if -- maybe I'm not</p> <p>22 understanding this demonstrative, I have never seen</p>
<p style="text-align: right;">Page 167</p> <p>1 publicly, and I believe would be in the appendices</p> <p>2 in -- that we submitted in this case.</p> <p>3 Q. Did you perform any analysis to assess</p> <p>4 whether Tarrant County was an outlier relative to</p> <p>5 other Texas counties in average annual MME per</p> <p>6 capita?</p> <p>7 A. No.</p> <p>8 Q. Why not?</p> <p>9 MS. POERSCHKE: Can we get a time</p> <p>10 check.</p> <p>11 THE VIDEOGRAPHER: 3:28. 3 hours,</p> <p>12 28 minutes.</p> <p>13 MR. TORRES: Okay.</p> <p>14 (McCann Exhibit 14, Tables 18-71 - Summary of McCann</p> <p>15 Algorithms - MME per Dosage Unit, was marked for</p> <p>16 identification.)</p> <p>17 BY MR. TORRES:</p> <p>18 Q. I'm going to hand you what I have marked</p> <p>19 as Exhibit 14.</p> <p>20 Dr. McCann, do you know -- did you</p> <p>21 analyze MME per dosage unit for any of the</p> <p>22 algorithms you computed in your report Tables 18</p>	<p style="text-align: right;">Page 169</p> <p>1 it before, but it doesn't seem consistent with the</p> <p>2 context of your question.</p> <p>3 Q. Well, let me re-ask the question because</p> <p>4 I think something got lost in translation.</p> <p>5 I asked: Do you have any idea why</p> <p>6 the MME per dosage unit is higher for all nonflagged</p> <p>7 transactions than it is for flagged transactions in</p> <p>8 your report Tables 18 through 53? Those are the</p> <p>9 distributor recurrent and distributor nonrecurrent</p> <p>10 transactions.</p> <p>11 A. Oh, I see.</p> <p>12 No.</p> <p>13 Q. Can you explain how a lower MME per</p> <p>14 dosage unit for flagged transactions demonstrates</p> <p>15 that those transactions are suspicious?</p> <p>16 A. I didn't identify them with the flagging</p> <p>17 methods based on that, so it doesn't seem to be --</p> <p>18 Q. Is there --</p> <p>19 A. -- a question that addresses the</p> <p>20 opinions that I gave or the calculations that I did.</p> <p>21 Q. Is there a statistical explanation for</p> <p>22 the fact that MME per dosage unit is higher for all</p>

<p style="text-align: right;">Page 170</p> <p>1 nonflagged transactions than it is for flagged 2 transactions in report Tables 18 through 53? 3 A. I don't know. There may be. It's not 4 an observation that I had made before or thought 5 about. 6 Q. Looking at the chain recurrent and chain 7 nonrecurrent in the chart, for the chain pharmacy 8 SOMS, those are the areas where I identified a few 9 in the red boxes that you correctly point out the 10 blue line is taller than the -- excuse me, the gray 11 line is taller than the blue line. 12 Can you explain why MME per dosage 13 unit is higher for nonflagged transactions than it 14 is for flagged transactions for 12 of the 18 chain 15 pharmacy SOMS methods in report Section VIII? 16 A. No. Well, not as I sit here, anyway. 17 It's not an observation that I made before I ever 18 thought of it. 19 Q. Okay. 20 It's not something that you 21 analyzed? 22 A. Correct.</p>	<p style="text-align: right;">Page 172</p> <p>1 CERTIFICATE OF COURT REPORTER 2 I, Marjorie Peters, Fellow of the Academy of 3 Reporting, Registered Merit Reporter, Certified 4 Realtime Reporter, Realtime Systems Administrator, 5 and Notary Public in the District of Columbia, 6 before whom the foregoing deposition was taken, do 7 hereby certify that the witness was placed under 8 oath according to the law; that the foregoing 9 transcript is a true and correct record of the 10 testimony given; that said testimony was taken by me 11 stenographically and thereafter reduced to 12 typewriting under my direction, and that I am 13 neither counsel for, related to, nor employed by any 14 of the parties to this case and have no interest, 15 financial or otherwise, in its outcome. 16 I further certify that signature was 17 not waived by the witness. 18 IN WITNESS WHEREOF, I have hereunto set my 19 2024. 20  21 22 Marjorie Peters, FAPR, RMR, CRR, RSA My commission expires October 31, 2024.</p>
<p style="text-align: right;">Page 171</p> <p>1 Q. Okay. 2 MR. TORRES: I think our time is up. 3 MS. POERSCHKE: And I think -- go 4 ahead. 5 MR. TORRES: I think we're done 6 here, Page. I want to be respectful of the time 7 that we agreed to. 8 MS. POERSCHKE: Thanks. 9 THE VIDEOGRAPHER: All right. 10 Please stand by. 11 We are off the record at 2:26 p.m., 12 and this concludes today's testimony given by Craig 13 McCann. 14 (CONCLUDED, 2:26 p.m.) 15 16 17 18 19 20 21 22</p>	<p style="text-align: right;">Page 173</p> <p>1 Veritext Legal Solutions 2 1100 Superior Ave 3 Suite 1820 4 Cleveland, Ohio 44114 5 Phone: 216-523-1313 6 May 30th, 2024 7 To: Sadie Turner 8 Case Name: National Prescription Opiate Litigation - Track 8 (Cobb 9 County) v. Purdue Pharma, L.P. Et Al 10 Veritext Reference Number: 6693023 11 Witness: Craig McCann , PhD Deposition Date: 5/15/2024 12 Dear Sir/Madam: 13 Enclosed please find a deposition transcript. Please have the witness 14 review the transcript and note any changes or corrections on the 15 included errata sheet, indicating the page, line number, change, and 16 the reason for the change. Have the witness' signature notarized and 17 forward the completed page(s) back to us at the Production address 18 shown 19 above, or email to production-midwest@veritext.com. 20 If the errata is not returned within thirty days of your receipt of 21 this letter, the reading and signing will be deemed waived. 22 Sincerely, 23 Production Department 24 25 NO NOTARY REQUIRED IN CA</p>

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<p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2</p> <p>3 ASSIGNMENT REFERENCE NO: 6693023 CASE NAME: National Prescription Opiate Litigation - Track 8 (Cobb County) v. Purdue Pharma, L.P. Et Al DATE OF DEPOSITION: 5/15/2024 4 WITNESS' NAME: Craig McCann , PhD 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me. 7 I have made no changes to the testimony as transcribed by the court reporter. 8</p> <p>9 _____ Date Craig McCann , PhD 10 Sworn to and subscribed before me, a Notary Public in and for the State and County, 11 the referenced witness did personally appear and acknowledge that: 12 13 They have read the transcript; They signed the foregoing Sworn Statement; and 14 Their execution of this Statement is of their free act and deed. 15 16 I have affixed my name and official seal this _____ day of _____, 20____. 17 18 _____ Notary Public 19 _____ Commission Expiration Date 20 21 22 23 24 25</p>	<p>1 ERRATA SHEET VERITEXT LEGAL SOLUTIONS MIDWEST ASSIGNMENT NO: 6693023 2 PAGE/LINE(S) / CHANGE /REASON 3 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____</p> <p>20 _____ Date Craig McCann , PhD 21 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ 22 DAY OF _____, 20____. 23 24 _____ Notary Public 25 _____ Commission Expiration Date</p>
<p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2</p> <p>3 ASSIGNMENT REFERENCE NO: 6693023 CASE NAME: National Prescription Opiate Litigation - Track 8 (Cobb County) v. Purdue Pharma, L.P. Et Al DATE OF DEPOSITION: 5/15/2024 4 WITNESS' NAME: Craig McCann , PhD 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me. 7 I have listed my changes on the attached Errata Sheet, listing page and line numbers as 8 well as the reason(s) for the change(s). 9 I request that these changes be entered as part of the record of my testimony. 10 11 I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my 12 testimony and be incorporated therein. 13 14 _____ Date Craig McCann , PhD 15 Sworn to and subscribed before me, a Notary Public in and for the State and County, 16 the referenced witness did personally appear and acknowledge that: 17 They have read the transcript; They have listed all of their corrections 18 in the appended Errata Sheet; They signed the foregoing Sworn 19 Statement; and Their execution of this Statement is of 20 their free act and deed. 21 I have affixed my name and official seal 22 this _____ day of _____, 20____. 23 _____ Notary Public 24 _____ Commission Expiration Date 25</p>	